EXHIBIT F



JASPAN SCHLESINGER

FILE COPY

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August 24, 2009

Via Federal Express and e-mail (cthorpe@bakerlaw.com)

Courtni E. Thorpe, Esq. Baker & Hostetler LLP 3200 National City Center 1900 East 9th Street Cleveland, Ohio 44114-3485

Re: Hardship Program Application

Sylvia M. Samuels, BLMIS Account No. 1-S-0494

Dear Ms. Thorpe:

I received your latest email from August 20, 2009 in response to my requests for an update on the application of Sylvia Samuels to the Trustee's Hardship Program.

Annexed to this letters are documents which establish that Ms. Samuels' initial account with Bernard L. Madoff Investment Securities LLC ("BLMIS") under account number 1S0188 was an account managed and traded only by Mr. Martin Joel through the legitimate business side of BLMIS until 2003. In 2003, Mr. Bernard Madoff, after the death of Mr. Joel, liquidated her account together with the rest of her families' accounts and transferred the remaining funds into his custody and control.

The individual tax returns of Ms. Samuels prior to the liquidation of her account by Mr. Madoff in 2003 have no indicia of a Ponzi scheme account and have every indicia of an account that was traded by Mr. Martin Joel through the legitimate business side of BLMIS. Annexed for your review are the following:

- A. Copy of Ms. Samuels' 1996 Tax Return and a copy of her December 31, 1996 account statement for account number 1-S0188;
- B. Copy of Ms. Samuels' 1997 Tax Return and a copy of her December 31, 1997 account statement for account number 1-S0188;
- C. Copy of Ms. Samuels' 1998 Tax Return and a copy of her December 31, 1998 account statement for account number 1-S0188;
- D. Copy of Ms. Samuels' 1999 Tax Return and a copy of her December 31, 1999 account statement for account number 1-S0188; and
- E. Copy of Ms. Samuels' 2000 Tax Return and a copy of her December 31, 2000 account statement for account number 1-S0188.

JASPAN SCHLESINGER LLP ATTORNEYS AT LAW

Page 2

To contrast Mr. Joel's trading of Ms. Samuels' account with that of Mr. Madoff's trading, we have also annexed the following documents for your review:

- F. Copy of Ms. Samuels' 2003 Tax Return and a copy of her December 31, 2003 account statement for account number 1-S0494;
- G. Copy of Ms. Samuels' 2004 Tax Return and a copy of her December 31, 2004 account statement for account number 1-S0494;
- H. Copy of Ms. Samuels' 2005 Tax Return and a copy of her December 31, 2005 account statement for account number 1-S0494; and
- I. Copy of Ms. Samuels' 2006 Tax Return and a copy of her December 31, 2006 account statement for account number 1-S0494.

Any reasonable analysis shows that Ms. Samuels was earning dividend and income as a result of securities purchased by Mr. Joel through the legitimate business side of BLMIS. Accordingly, Ms. Samuels' account was therefore not involved with Mr. Madoff's Ponzi scheme until, at the earliest, November 2003 when her initial account with BLMIS was liquidated and the money was transferred into Mr. Madoff's custody and control and her account does not, as you previously indicated, have withdrawals that exceed her total cash deposits.

Ms. Samuels is entitled to receive the full amount of her claim from SIPC on an expedited basis. Please contact us if you have any further questions.

Thank you for your consideration.

Very truly yours,

Hale Yazicioglu

Enclosures

cc: Sylvia M. Samuels (via regular mail and without enclosures)
Howard Samuels (via regular mail and without enclosures)

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F	Departs	ent of the Treasury - Internal Reverse Serv	eturn 1996						
1040	U.S.	Individual Income Tax R	eturn 1990	(29) IRS Use Only - C	io not write	or stapi	ie in this space.		
	For th	e year Jan. 1 - Dec. 31, 1998, or other tex year	beginning .	1995, ending	, 10		OMB No. 154	5-0074	_
abel		first name and initial	Last name		Yuur	social a	ecurity number		
See page 11.)	l s	YLVIA M SAMUELS							
Ā		oint return, spouse's first name and initial	Last name		Spou	M. 20	etal security number		
1 2					ļ				
las the IPS L ubel	Host	ne address (number and street). If you have a P.C	D. box, see page 11,	Apt. ne	<u>. </u>				_
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elsase print jij prtyps. E	CIIV	, town or post office, state, and ZIP code. If you	have a foreign address, see page				tions, see page In the bookiet		
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Election Campai; See page 11.)		io you want 33 to go to this tulio? I a joint return, does your spouse want \$					lactor reduce you refund.	r	
See bage 114			10101 211 01 01 01 01 01		••	!	1		—
Cillag Clabia	1	X Single	4h bad ()						
Filing Status	2	Married filing joint return (aven i							
	3	Memed filing separate return. E							
Chack only one box,	4	Head of household (with qualify	ing person). (See instruction	is.) if the qualifying perso	on is a chi	ld but	not your depan	dent,	
		enter this child's name here >_							_
	5	Qualifying widow(er) with deper					 -		
_	8a	Yourself. If your parent (or some							
Exemptions		return, do not check be	ox 6a		• • • • • • • •		Vo. of boxes thecked on lines		
	þ	☐ Spouse					and 6p		1
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dspendents,			ALCALIDI KA			— 1	ne ructions)		
see the instr. for line 8c.			 				Dependenis		_
			9 🐷 u - u 				en de not entered above		
					L		Add numbers		—
	d	Total number of exemptions claimed.					entered on		1
	7	Wages, salaries, tips, etc. Attach Form				7	17,4	86	_
Income	Ba	Taxable interest, Attach Schedule B If				849	 	57	
		Tax-exempt interest. DO NOT include			1	76 / 14 A 000			
	9	Dividend Income. Attach Schedule B II				ġ	1,3	12	
Affach Copy & of your	_	Taxable refunds, credits, or offsets of a				10	1,3		
Forms W-2, W-29, and	10					11	1 -1-	7.7	
1006-Pi hers.	11	Allmony received				12	 		
if you did not	12					\vdash	-3,0	000	
get 4 W-2,	13	Capital gain or (loss). If required, attac				13		00	
sea the instr, for line 7,	14	Other gains or (losses). Attach Form 4		1		14	 		_
	15 a		l5a	b Taxable amount	, ,			177	_
Enclose, but do not	16a	Total pensions and annuities		b Taxable amount		_	2,2	./3	
attach, any payment,		Rental real estate, royalties, partnershi				17	ļ		
Also, please enciose Form 1949-V (see	18	Farm income or (loss), Attach Schedu				18	<u> </u>		
the instructions for line 62).	19	Unemployment compensation		•		19			
10 110 110	20a	Social security benefits	20a	b Taxable amount	(see inst.)	20b	 		
	21	Other Income.				21	<u> </u>		
_	22	Add the amounts in the far right colum	n for lines 7 through 21. Thi	is is your total income.	<u></u>		19,5	502	
Adjusted	23a	Your IRA deduction (see Instructions)		. 238					
Gross	b	Spouse's IRA deduction (see instruction	orts)	. 23b) 2		i
Income	24	Moving expenses. Attach Form 3903 o							i
	25	One-half of self-employment tax. Alta						- 1	i
	26	Self-employed health insurance dedu						١	l
	27	Keogh & self-employed SEP plans. If							l
li line 31 is Under \$28,495	28	Penalty on early withdrawal of savings			$\neg \vdash$				i
[Under \$9,500 f	29	Allmony paid. Recipient's SSN ▶							İ
a child old not live with you).		Add lines 234 through 29		<u> </u>		30	=	0	l
see the matr.	30	Subtract line 30 from line 22. This is ye				31	+		Т
for line 54,	31	- SENTERCI BRA SU DOM NITO 44. IRIS IS Y	va muluauru yruss income			. 31	1 17,	اعدد	4

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1040 (1006)		YLVIA M SAMUELS						Page 2
Farm 1040 (1996)	22	Amount from line 31 (adjusted gross Income)					322	19,502
Tax	22	a Chack it: You were 65 or older, Blind; Spouse wa	s 65 c	r gider, İ	Blind.		V 77 V 7	
Compu-	33	Add the number of boxes checked above and enter the total here				1 1		
tation		bill you are married filling separately and your spouse itemizes dedi						
	•	a dual-status alien, see Instructions and check here			▶ 33b		XX.	
		/ Itemized deductions from Schedule A, line 28, OR			١	_		ì
		Standard deduction shown below for your filing status.	But s	ee the		Ĭ		j
	34	instructions if you checked any box on line 33a or b or	r som	eone				1
		larger can claim you as a dependent.				ř	34	5,000
		of Single - \$4,000 • Married filing jointly or Qualifying your: • Head of household - \$5,900 • Married filing separate	g wice	JW(⊕r) – 30 . \$3.350	3,700		Z 200	3,333
		your: \ • Head of household - \$5,900 • Married ming separ. Subtract line 34 from line 32			•	ľ	35	14,502
							-=	
	36	If line 32 is \$88,475 or less, mutitiply \$2,550 by the total number of a life ine 32 is over \$88,475, see the worksheet in the inst. for the amo	exemp	ngons calum anter	מם פתוו חם מפני	2.	36	2,550
If you want the IRS to	37	Taxable income. Subtract line 36 from line 35.	, C. L.	Giller		· · · · · · · · · · · · · · · · · · ·	37	11,952
figure your		If ilra 36 is more than line 35, enter -0- Taox, See instructions. Check if total includes any tax from a	E	/e\ RR14				
tax, see the instructions	30	b Form 4972					38	1,796
for line 37.		Credit for child and dependent care expenses. Att. Form 2441	1	39		1		
Credits	39	Credit for child and dependent care expenses. All Form 2007	··· }					
	40	Foreign tax credit. Altach Form 1116		41		1		
	41	Other, Check If from a C Form 3800 b Form 8396			_	1	\$157 SA	
	42	Other, Check I from a Lip Form source by Form asset				1 1		
		c 🗆 Form 8801 d 🗋 Form (specify) Add lines 39 through 42	— ۱	76			43	1
	43	Add lines 39 through 42 Subtract line 43 from line 38. If line 43 is more than line 38, enter —	 A	• • • • • • • •	••••	•	44	1,796
	_44	Self-employment tax. Att. Sch. SE	<u></u>	<u> </u>			45	
Other	45	Atternative minimum tax. Attach Form 6251					46	
Taxes	40	Social security and Medicare tax on tip income not reported to em	niower	Attach Fr	vm 4137		47	
	47	Tax on qualified retirement plans, including IRAs. If required, attack	picyer h Earn	. 702011 C	W		48	-
	40	Advance earned income credit payments from Form(s) W-2	(1.5.04.)	11 5065- , ,			49	
	45	Household employment taxes. Attach Schedule H		• • • • • • •			50	
	50	Hausehold employment daxes. Anach Schedule in	• • • • •			▶	51	1,796
	51	Add lines 44 through 50. This is your total tax		E2	1,48	<u> </u>		
Payments		1996 estimated tax payments and amount applied from 1995 return		22		-		
	3	Earned Income credit. Attach Schedule EIC if you have a qualifyi	na			 		
	24	child. Nontaxable earned income: amount ▶	ון "יי			i i		
Attach			10 O	54				
Forms W-2, W-29, and	-	and type Amount pald with Form 4868 (request for extension)		65				
1 09 0 –Al on the front,	9:	Excess social security and RHTA tax withheld (see inst.)		56				Ì
	21	Other payments. Check if from a Grorm 2439 b Grorm 4136						
	3. E	Add lines 52 through 57. These are your total payments				▶	58	1,483
		and the state of t	s the i	umount yo	U OVERPAID		59	
Refund		la Amount of line 59 you want REFUNDED TO YOU			,	▶	60a	
		NE ALHOUR OF MINE SO YOU WELL THE STATE OF T						
Have it sent directly to your		b Routing number c Type: [] Che	acking [Servings	•		
bank account! See Inst. and fill in				3				
BOD, c, and d.		d Account number						
	6	A ADDI IED TO 1887 ESTIMATED TA	x ►	61 🖳				
		If line 51 is more than line 58, subtract line 58 from line 51. This is		AMOUNT	YOU OWE.			
Amount	•	For details on how to pay and use Form 1040-V, see instruction	15.			Վب≽	62	313
You Owe	6	s. Estimated tax penalty, Also include on line 52		63				
		the state of the state of the state of the state of secondary	ing seb	e dules and I	statements, and	to the bea	t of my ke	nowledge and belief,
Sign	Un-	y are true, correct, and complete. Declaration of preparer (other than taxpayer) is	04380	on all morn	ation: Of willout			. His offer
Here	k	Tour signature	Date		Your occup			
Vaa	▮					HING	ASS	<u> </u>
Keep a copy of this return	À	Spouse's signature, if a joint return, BOTH must sign.	Dale		Spouse's o	ecupation		
icr your records,	7	·						
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Preparer's	-	, WPKEM, LLP				EIN	11.	3187190
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		Carle Place, NY				L	115	514

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Schiedules ALB (Form	1940) 1996 m 1840. Do not anter name and social security number if shown on other side.	ОМВ		45-0074 Table Security repr		2ge 2
SYLVIA							
SILIVIA	M	Schedule B - Interest and Dividend Income	_		Attach Seque		80
	Not	≥ If you had over \$400 in taxable interest income, you must also complete Part III.					
Part I			$\neg \top$		Amou	nt	 ;
interest Income		List name of payer. If any interest is from a seller-financed mortgage, and the buyer used the propert					
(See page B-1.)	t	as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social securit	y			- 1	
		number and address >	. _	L			
		EAB		Ļ		46	
		KEY BANK		-		11	
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Note: If you received a Form				ŀ		-+	
1099-INT, Form 1099-OID, or				1			—
aubstitute statement from				-			
a brokerage firm	•						
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payer and enter the total interes	t					1	
shown on that form,							
				[
	2	Add the amounts on line 1	···	2		57	
	3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14.	ŀ	_ 1			
		You MUST attach Form 8815 to Form 1040.		3			
		Subtract line 3 from line 2. Enter the result hare and on Form 1040, line 8a		4	<u>-</u>	<u>57 </u>	
Part II	Not	e: If you had over \$400 in gross dividends and/or other distributions on stock, you must also complete	e Per	: III	Amou	mt	
Dividend Income				}		""	
	5	List name of payer, include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8	' l	-			
(See page B-1.)		▶ BERNARD L. MADOFF		- 1	1,3	12	
		. Shipang 11, 1900-11		1			
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Note: If you received a Form	1		}	5			
1009-DIV or				ļ			
statement from			1	ļ			
a i mokerage firm, list the			1	1			
firm's name as the payer and				ŀ			
, enter the total dividends				}			
shown on that	•		1	1			
				İ			
	6	Add the amounts on line 5		6	1,3	12	
	7	Capital gain distributions. Enter hare and on Schedule D*					
	8	Nontexable distributions. (See the Inst. for Form 1040, line 9.)					l
	9	Add Ines 7 and 8	····	9			
	10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9		10	1,3	12	<u> </u>
		* If you do not need Schedule D to report any other gains or losses, see the instructions for Form 10 line 13.	40,				
Part III Foreign	Yo (c)	must complete this part if you (a) had over \$400 of interest or dividends; (b) had a foreign account; received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	x			Yes	Na
Accounts	114	At any time during 1996, did you have an interest in or a signature or other authority over a financial	accou	ant in a	a foreign		
end Trusts		country such as a bank account, securities account, or other financial account? See page 8-1 for a	xcepti	ons &	nd filing		7.00
		requirements for Form TD F 90-22.1				U ALL	X
(See page B-1.)		If "Yes," enter the name of foreign country ▶					
-	12	During 1996, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	n trust	17			X

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SCHEDULE D (Form: 1040)

Capital Gains and Losses

➤ See Instructions for Schedule D (Form 1040).

1996

OMB No.1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040. Lise lines 20 and 22 for more space to list transactions for lines 1 and 9.

Attachment 12

Name(s) shown on Form 1848 SYLVIA M SAMUELS Part Short-Term Capital Gains and Losses - Assets Held One Year or Less E GAIN (a) Cost or n LOSS (b) Date acquired (c) Date sold (Mo., day, yr.) (d) Sales price (a) Description of property (Example, 100 sh. XYZ Co.) other basis if (e) is more than (d) If (d) is more than (e), (Bee 04 pe D-3) (Mo., day, yr.) (see page D-3) subtract (d) from (e) multitract (a) from (d) 187,250 11/08/96 12/04/96 158,000 29,250 IOMEGA US SURGICAL SHORT SALE 11/13/96 108,850 108,850 10/31/96 138,375 138,375 ORACLE SHORT SALE 2 37,800 2 Enter your short-term totals, if any, from line 21 3 Total short-term sales price amounts. 443,025 Add column (d) of lines 1 and 2 Short-term gain from Forms 2119 and 6252, and short-term gain or loss 4 from Forms 4684, 6781, and 8824 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1995 Capital Loss Carryover Worksheet ... 29,250 7 Add lines 1 through 6 in columns (f) and (g) -29,250 ▶ Het short-term capital gain or loss. Combine columns (f) and (g) of line 7 ... Partal Long-Term Capital Gains and Losses - Assets Held More Than One Year 10 Total long-term sales price amounts. Add column (d) of lines 9 and 10. Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; 12 and long-term gain or loss from Forms 4684, 6781, and 8824 12 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1... 13 Capital pain distributions Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1995 Capital Loss Carryover Worksheet 15 16 Add lines 9 through 15 in columns (f) and (g)..... . ▶ 17 Part III. Summary of Parts I and II Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. -29,250 18 Note: if both lines 17 and 18 are gains, see the Capital Gain Tax Worksheet on page 24 . . 19 It line 18 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: a The loss on line 18: or b (\$3,000) or, if married filing separately, (\$1,500)...... -3,000) 19 Note: See the Capital Loss Carryover Worksheet on page D-3 if the loss on line 18 exceeds the loss on line 19 or if

Form 1040, fine 35, is a loss.

ichedule D (Form 1040) 1996				Altachment Seque		Page 2
ame(s) shown on Form 1040. Do not enter name a	nd social security number	if shown on other side	L	_	Your accin	i security number
SYLVIA M SAMUELS						
Short-Term Capital G	ains and Losse	s - Assets He	ld One Year o	r Less (Conti	nuation of Part i)	
	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or	ŀ mrtoss i	E GAIN
(Example, 100 sh. XYZ Go.)	(Ma. day, yr.)	(Mo., day, yr.)	(see page D-3)	gther basis (see page D-3)	If (a) is more than (d), subtract (d) from (s)	if (d) is more than (e), subtract (e) from (d)
NOVELL SHORT SALE		11/08/96	37,800	37,800		
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21 Short-term totals. Add columns (d) Enter here and on line 2		21	37,800	One Year (C		
Party Long-Term Capital C	iains and Losse	s – Assets He	ld More Than	One Year (C	ontinuation of Part	H)
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23 Long-term totals. Add columns (d Enter here and on line 10), (f), and (g) of line 2	2. 	,		표 플	

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New York State Department of Taxation and Finance

Resident Income Tax Return New York State • City of New York • City of Yorkers

ex Return 1996

IT-201

	-		75		-	For the y	ear January	1, 1996 throu	gh December 3	31, 1998, or flac	al tax yo	ear beginning 🗌	, 1996
		1 -112	ai name			Fire	it name and mid	die initial (if joint	return, enter both	names)	<u> </u>	ending	, 19
For o	ffice use on	القايد								•	V Your	security no.	
		Y ATR S	<u>AMU</u>	<u>ELS</u>	<u>, s</u>	YLVIA	<u>M</u>				 		4
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Ξ		1- T-	-				<u> 11732</u>					SSAU district name	
_		i y in	the sp	ace b	elow,	print or typ	е усиг регли	nen! home ac	Idress within No	ew York State it			
							et or lins toni		ructions, page 2	ent number	OY	STER BAY	
		Perman	HARTI NICE	no reci	mast (ur	TWO BE STO ST	961011001	<u> </u>	·		eods n	district umber	
		City, vi	ilage or	post of	tice			State	ZIP code	If taxpayer is de	seased, en	ter first research da	to of death.
								<u> </u>		L			
	· (A) Filing status - mark an "X"		_		d filling joint	return lui security num	iber Above)	your 199 (C) Can you	Itemize your d 6 federal incor 1 be claimed as her taxpayer's fe	ne tax re a deper	turn? Yer ndent	
		tn one	(3)		Jarrie	d filing sept	cruter etgra						
		pax;	(4)			•	ial security num d (with qualify	-		o not need for		ed to you c (see instructions) • X
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	Wages, sa		•		-				ar on your ted		1.	17,4	186.
2	Taxable In	terest Incor	THE					Nso, see inst	ructions on pa	ge 14	2		57.
	Dividend is					for showl		_	·		3		312.
4	Taxable re	funds, cred	iis, or	offset	s of si	tate and loc	al income ta	kas (also entar	on line 23 belo	w)	4.	1,3	374.
5	Allmony re	celved									5.		
7	Capital ga	in or loss (1	i requi	red, a	ttach (copy of ted	eral Scheduk	B D, Form 1046	O)		7.	-3,	000
										,,			
													273.
11	Plental rea	l estate, ro	yalties,	, partn	ership	s. S corpo	retions, Fusis	, etc. (atrach c	opy of receral :	Sch. E, Form 10	12		<u> </u>
			-								13.		-
13	Temble	ment comp	Densat	ion	 		der on Ing 20	i halawi					
	Other Inco				Derie	IIID (4000 ex	RES OII BIIO Z.	·			15.		
			_	· —			· ·				- + +	19.	502.
						ea page 14)					17.		
12	Subtract	One 17 tro	m Hne	18. TI	his is	vour feder	ai adjusted (rosa income	• • • • • • • • • • • • • • • • • • • •			19.	502.
_	w York Ad					,					لنتيت		
			,	_	-	ds and obli	gations (but n	ol those of NY S	lais or its local pov	/ernments)	19.		
										ge 15)			541.
	Other (see										21.		
22	Add lines	18 through	21					• • • • • • • • • • • • • • • • • • • •			22	20,	043.
_	ew York St												
							laxes (line 4 abo		1,37	4.			
							ernment (see pa			_ 		Clip your chec	
							ne 14 above)			:		or money order to the front of	a
										, , ·		this return.	
27		- 1		18 800	uslon	····			2,27	/ 5			
28	•	a page 17)						28.		<u> </u>	<u></u>		647.
											29.	3,	041.
30									me (enter the II	ne 30 amount	1 30.	16,	396

08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 11 of 152

Π-201 (1996) back SYLVIA M SAMUELS			_	
Tax Computation (see page 20)				Olars Cents
31 Enter the amount from line 30 on the front page (this is your New	York adjusted gross Inc	one)	. [31.]	16,396.
32 Enter the larger of your standard deduction (from page 20) or yo	our itemized deduction	(from Form IT-201-	ATT,	
Part I, line 14; attach form). Mark an "X" in the appropriate box].X Standard	itemized	. 2.	7,400.
33 Subtract line 32 from line 31			. 33.	8,996.
34 Exemptions for dependents only (not the same a	as total tederal exemptio	ns; see page 20)	. 1 34.	,000.00
35 Subtract line 34 from line 33. This is your taxai			. 35.	8,995.
36 NY State tax on line 35 amount pt #ne 31 above is \$1			·	
45 thru 52. If in 31 is more than \$100,000, complete Tax Co	Conjubition Workshoot 1 or 2	on pg 20 to figure your ta	x.) 36.	404.
New York State Credits and Other Taxes (see page 2				
37 New York State household credit (from Table I, II or III, page 21).		45.		•
35 Other New York State cradits (from Form IT-201-ATT, line 21, attach for				
			▶ 39.	45.
40 Subtract line 39 from line 36 (If line 39 is more than line 36, leave	blank)		. 40.	359.
41 Other New York States taxes (from Form IT-201-ATT, line 34; attr				
42 Add lines 40 and 41. This is the total of your New York State taxe			. 42.	359.
City of New York and City of Yonkers Taxes and C	redits			
43 City of NY resident lax (use the City of NY Tex Table on white pages 53-80		. 7		
44 City of New York household credit (from Table IV, V or VI, pg. 22)				
(CNYADC	,		See Instr	ictions on pages 21
45 Subtr. line 44 from line 43 (If line 44 is more than line 43, leave blo	влк) 45,		through 2	3 for liguring city of
46 City of New York nonresident sernings tax (attach Form NYC-20			New York	and city of Yonkers
47 Other city of New York baxes (from Form IT-201-ATT, line 38; attach for			taxes, cre	dits and tax surcharges
48 City of Yonkers resident income tex surcharge (see page 23)				
49 City of Yonkers norresident earnings tax (attach Form Y-203)				
50 Part-year city of Yonkers resident income tax surcharge (att. IT-se				
51 Add lines 45 through 50. This is the total of your city of New Yor			51.	
Voluntary Gifts/Contributions (see page 23)	A dire ony or i orintora in			<u> </u>
	Placid Olympic Fund	.00;		
Breast Cancer Research & Education Fund		/contributions	52.	.00
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53 Add lines 42, 51 and 52. This is your total NY State, New York C Payments (see page 23) 64 NY State child and dependent care credit (from Form IT-215; attach form). 55 NY State earned income credit (from Form IT-214, line 17; attach form). 56 Real property tax credit (from Form IT-214, line 17; attach form). 57 Total NY State tax withheld (staple wage and tax statements). 58 Total city of NY tax withheld (staple wage and tax statements). 59 Total city of Yonkers tax withheld (staple wage and tax statements). 60 Total of estimated tax payments, and amount paid with extension Form IT-370 61 Add lines 54 through 60. This is the total of y Refund or Amount You Owe (see page 25). 63 Amount of line 62 that you want refunded to your 1997 estimated tax. Do not include you claimed as a refund on line 63 65 Subtract line 61 from line 53, figure the amount (Make check or money order payable to N 65 write your social security number and 1994 66 Estimated tax penalty, include this amount in line 65 or reduce the overpayment on line 62 (see page 25)	ity and Yonkers taxes, a iom) 54. 55. 56. 57. 58. ints) 59. 60. your payments	Turn)	Staple you statement back of the Stap 7, parassembly attachme. 61. 62. Mail your STATE P PO BOX ALBANY. SIgn you Date	359. The wage and text is at the top of the his return. See age 25, for the proper of your return and ints. 191. 191. 191. 191. Completed return to: ROCESSING CENTER \$1000 NY 12251-0001 Daytims phone no. (options) Preparer's social security no.
S3 Add lines 42, 51 and 52. This is your total NY State, New York C Payments (see page 23) 54 NY State child and dependent care credit (from Form IT-215; attach form). 55 NY State serned income credit (from Form IT-214, line 17; attach form). 56 Real property tax credit (from Form IT-214, line 17; attach form). 57 Total NY State tax withheld (staple wage and tax statements). 58 Total city of NY tax withheld (staple wage and tax statements). 59 Total city of Yonkers tax withheld (staple wage and tax statements). 60 Total of estimated ux payments, and amount paid with extension Form IT-370 61 Add lines 54 through 60. This is the total of y Refund or Amount You Owe (see page 2) 62 Subtract line 53 from line 61. This is the amount to your 1997 estimated tax Do not include you claimed as a refund on line 63 63 It line 61 is less than line 53, figure the amount your social security number and 1994 64 Estimated tax penalty, include this amount in line 65 or reduce the overpayment on line 62 (see page 25). 55 Sign Your signature 15 Your signature 1	ity and Yonkers taxes, a iom) 54. 55. 56. 57. 58. ints) 59. 60. your payments	Turn)	Staple you statement back of the Step 7, purassembly attachme 61. 62. Mail your STATE P PO BOX ALBANY, Sign you Date	359. The wage and text is at the top of the his return. See age 25, for the proper of your return and ints. 191. 191. 191. 191. Completed return to: ROCESSING CENTER \$1000 NY 12251-0001 Daytims phone no. (options) Preparer's social security no.

SCHEDULE D (Form 1040) NY State Copy

Attach to Form 1040.

Capital Gains and Losses

➤ See instructions for Schedule D (Form 1040).

1996

OMB No.1545-0074

1 33

Department of the Treasury Internal Playenus Service

▶ Use lines 20 and 22 for more apace to list transactions for lines 1 and 9.

Attachment 12

Your social security number Name(s) shown on Form 1940 SYLVIA M SAMUELS Part | Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or m LOSS (c) Date sold MIAÐ 📹 (d) Sales price (b) Date acquired (a) Description of property other basis if (a) is more than (d), If (d) is more than (e). (Mo., day, yr.) (Example, 100 sh. XYZ Ca.) (Ma., day, yr.) (tee page D-3) (see page D-3) subtract (d) from (e) subtract (e) from (d) 11/08/96 12/04/96 158,000 187,250 29,250 IOMEGA US SURGICAL SHORT SALE 11/13/96 108,850 108,850 10/31/96 ORACLE SHORT SALE 138,375 138,375 2 Enter your short-term totals, if any, from line 21 37,800 3 · Total short-term sales price amounts. 443.025 Add column (d) of lines 1 and 2 4 Short-term gain from Forms 2119 and 6252, and short-term gain or loss 5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1995 Capital Loss Carryover Worksheet . . . 29,250 7 Add lines 1 through 6 in columns (f) and (g) -29,250 8 Net short-term capital gain or loss. Combine columns (f) and (g) of line 7. Ranklie Long-Term Capital Gains and Losses - Assets Held More Than One Year 10 10 Enter your long-term totals, if any, from line 23 Total long-term sales price amounts. Add column (d) of lines 9 and 10. . . . 12 Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or loss from Forms 4684, 5781, and 8824 12 13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1... Capital gain distributions . . Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1995 Capital Loss Carryover Worksheet . . 15 Add lines 9 through 15 in columns (f) and (g)..... 17 Net long-term capital gain or (loss). Combine columns (f) and (g) of line 16 17 Partill Summary of Parts I and II 18 Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. -29,250 Note: If both lines 17 and 18 are gains, see the Capital Gain Tax Worksheet on page 24 . . 18 19 If line 18 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: a The loss on line 18: or -3,000) b (\$3,000) or, if married filing separately, (\$1,500) 19 Note: See the Capital Loss Carryover Worksheet on page D-3 if the loss on line 18 exceeds the loss on line 19 or if Form 1040, line 35, is a loss.

Schedule D (Form 1040) 1996 NY St	ate Copy			Attachment Seque	тся №. 12	Page 2
ume(s) shown on Form 1949. Do not enter name at SYLVIA M SAMUELS	nd social security number	If shown on other sid			Your work	il security tember
Part V Short-Term Capital G	ains and Losse	s - Assets He	ld One Year o	or Less (Contin	nuation of Part I)	
(a) Description of property (Example, 100 sh. XYZ Co.)	(Md., day, yr.)	(Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost of other basis (see page D-3)	(f) LOSS If (a) is more than (d), aubtract (d) from (e)	(g) GAIN if (d) is more than (e), subtract (e) from (d)
NOVELL SHORT SALE		11/08/96	37,800	37,800		
				<u>.</u> .		
						<u> </u>
			-			
,						
				-		
	_					
21 Short-term totals. Add columns (d) Enter here and on line 2		. , 21	37,800			
Long-Term Capital G	ains and Losse	s – Assets He	ld More Than	One Year (C	ontinuation of Part	ll)
	·					
· · · · · · · · · · · · · · · · · · ·	-					
	- 		<u> </u>		· · · · ·	
			-		<u> </u>	
		1				
		 				
23 Long-term totals. Add columns (d)	, (f), and (g) of line 2		-		7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	
Enter here and on line 10						<u> </u>

Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to 08-01789-cam Doc 907-6 Objection Pg 14 of 152 Mail Estimated Tax Payments to: Internal Revenue Service 1040–ES P.O. Box 162 Payment 2 Newark, NJ 07101-0162 Department of the Treasury 1997 Voucher OMB No. 1545-0087 Internal Plevanue Service Calendar year - Due June 16, 1997 File only if you are making a payment of estimated tex. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1997 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher. Your social security number Your but name Your first name and initial SAMUELS SYLVIA M If joint payment, complete for spouse Spouse's (Irst nume and initial Spouse's last name Spouse's social security number Amount of payment Address (number, street, and apt. no.) 600 PINE HOLLOW ROAD 14-5A 100 City, state, and ZIP code, (if a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732 For Paperwork Reduction Act Notice, see Instructions on page 1. Tear off here Mail Estimated Tax Payments to: Internal Revenue Service P.O. Box 162 1040-ES Newark, NJ 07101-0162 Payment Department of the Treasury 1997 Voucher OMB No. 1545-0087 Internal Revenue Service Calendar year - Due Sept. 15, 1997 File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1997 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher. Your social security number Your first name and initial Your last name SAMUELS SYLVIA M If joint payment, complete for spouse Spourse's social security number Spouse's first name and initial Spouse's last name Amount of payment Address (rumber, alrest, and apt. no.) 600 PINE HOLLOW ROAD 14-5A 100 City, state, and ZIP code. (if a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732 For Peperwork Reduction Act Notice, see Instructions on page 1. Tear off here Mail Estimated Tax Payments to: Internal Revenue Service P.O. Box 162 1040-ES Newark, NJ 07101-0162 Payment Department of the Treasury 1997 Voucher OMB No. 1545-0047 Interral Revenue Service Calendar year - Due Jan. 15, 1998 File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1997 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher. Year social security furnibus Your last name Your first name and initial

Form

Form

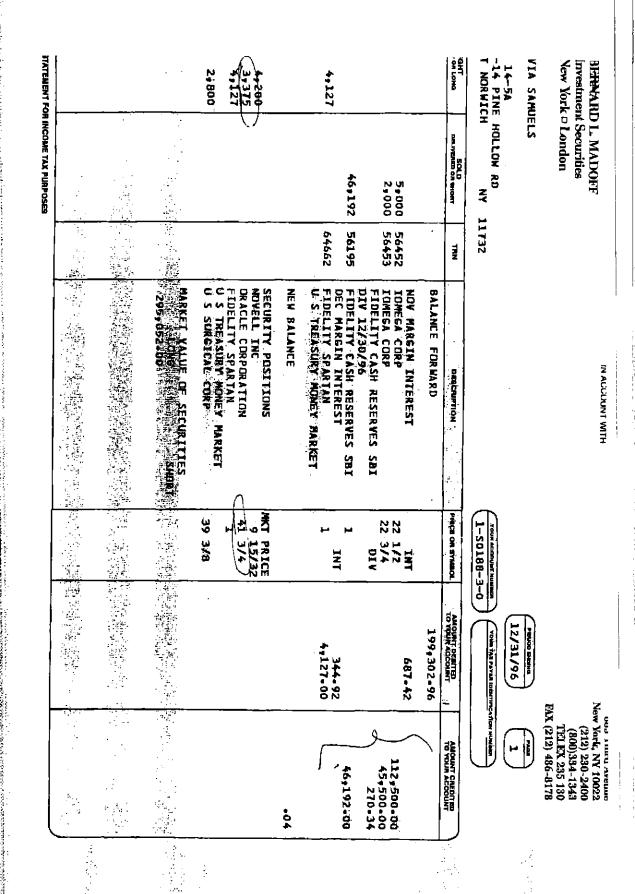
08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 15 of 152

-		OMB NO. 1545-0074		
1040-V	Payment Voucher	1996		
Sensetment of the Treasury	Do not staple or attach this voucher to your payment.			
nternal Revenue Service (99) Enter the amount of the payment you are making	2 Enter the first four letters of your last name 3 Enter your social security number			
s 313	S A M U			
(if a joint return, writer your spouse's social security number	5 Enter your name(x) SYLVIA M SAMUELS			
	600 PINE HOLLOW ROAD 14-5A			
	Enter your city, state, and ZP node EAST NORWICH, NY 11732			
	Cut along the dotted line.			

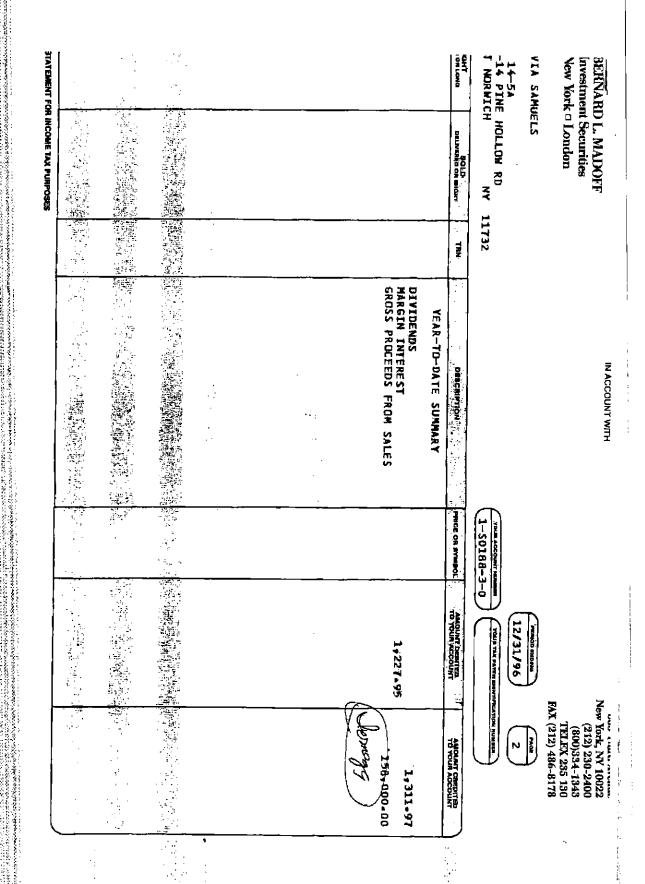
Mail Form 1040-V payments with your return to:

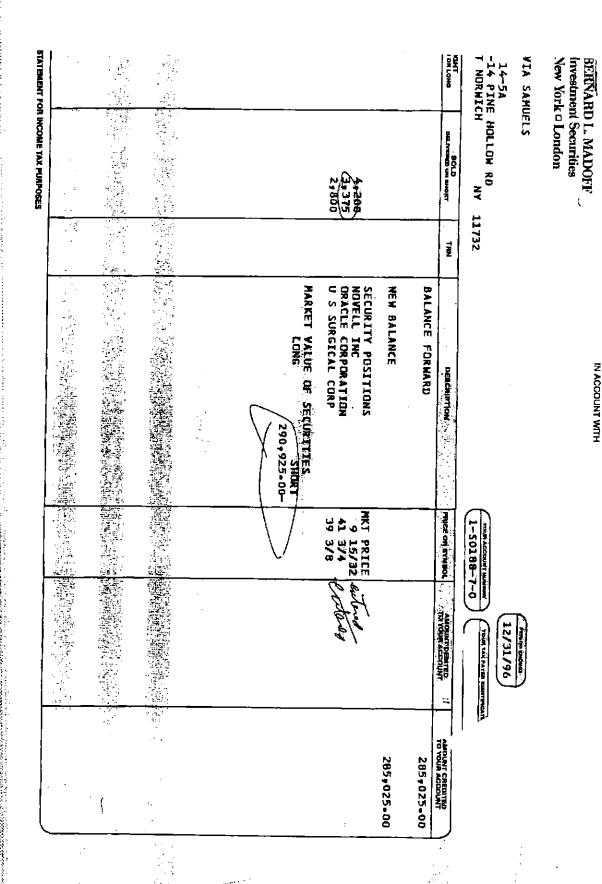
Internal Revenue Service P.O. Box 1187 Newark, NJ 07101-1187

File only it you are making a payment with Form 1040. Return this voucher with check or money order payable to the "Infermal Revenue Service." Please write your social security number, daytime phone number, and "1996 Form 1040" on your check or money order. Please do not send cash. Enclose, but do not staple or attach, your payment with this voucher.



Andrew Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews

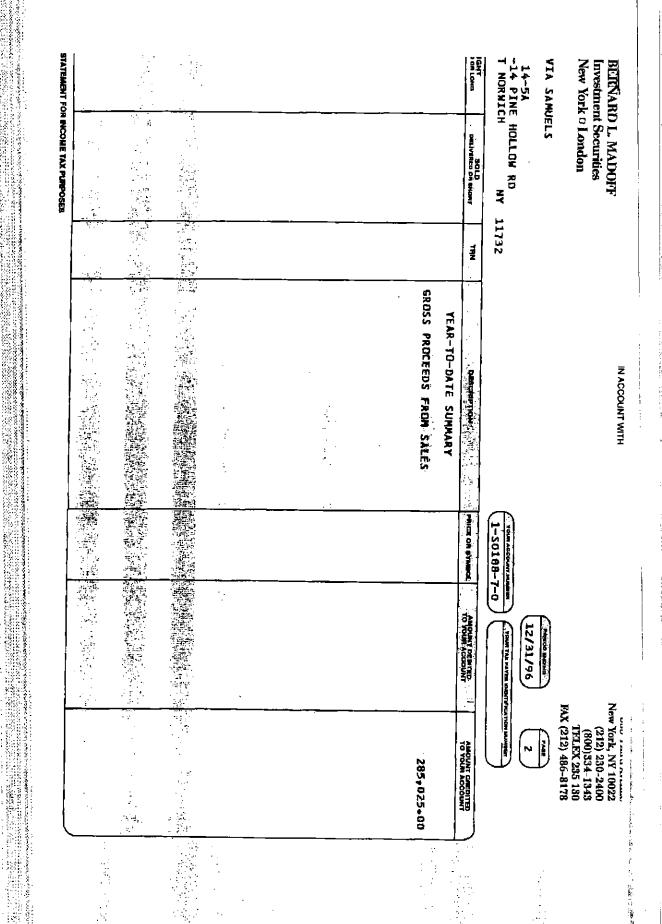




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9-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 20 of 152

Exhibit B

1040 ປ	J.S.	Individual income Tax Return 1997	ngri writ	e or intep	e in this i	pace,
	Ec- the	year Jan. 1 - Dec. 31, 1897, or other tox year beginning , 1997, ending	, 19			No. 1545-0074
abel 🗔		irst rame and initial Last name		Tarr	secial ave	elly manher
.	57	LVIA M SAMUELS		<u> </u>		
structions		ini return, spouse's (Irst name and initial) Last name		Epou	mi's pools	mountly number
a the IRS	Home	address (number and street). If you have a P.O. box, see page 10. Apt. no.			hele So	ding line
herwise, E E R		0 PINE HOLLOW ROAD 14-5A				Larig une L see pages
uuse print ja type. E	000	lown or post office, state, and ZIP code. If you have a foreign address, see page 10.		_		ne bookiet.
,,,,,				Yes	No	Mate: Checking Ye
ealdential	<u>EA</u>	ST NORWICH, NY 11732		+	TV.	will not change you
lection Campaign	ı 📐 🗅	you want \$3 to go to this fund?		` 		tex of reduce your retund.
ne page 18.)	<u> </u>	a joint return, does your spouse want \$3 to go to this fund?		<u>. </u>		
	3	X Single				
ling Status	2	Married filing joint return (even if only one had income)				
	3	Married filing separate return, Enter spouse's soc. sec. no. above & full name here			A	
neck cirtly	4	Head of household (with qualifying person). (See page 10.) If the qualifying person is	e chec	i prit vo	at your o	spencent,
m bar.		enter this child's name here				
	5	Questiying widow(er) with dependent child (year spouse died ▶ 19). (See page	78 10.)			
xemptions	6a			,	No. of bo	on _
-	Þ	□ Spouse.			es and eb	
		Dependents: (2) Dependent Dependent's	(9 No. o		No. of you	ur Sn
	•	(1) First Name Last numbe security numbers resultenship to you	hame i		ec what	
					a ilved m	itth you
						ilve with
more then six					Or empare	
spendents, M page 10.					(see bride	111)
					Depende	nte
		· · · · · · · · · · · · · · · · · · ·			on 6c not	pove
			-		Add num	
	_	Total number of examptions claimed.			entered (% ► :
	•	Wages, salaries, tips, etc. Attach Form(s) W-2	<u> </u>	7		19,260
	7	Wages, salaries, 1ps, 6tc. Ameri Formi(s) W-2	```` }	Be .		45
ncome	64	Taxable Interest. Attach Schedule B if required	1 8			 -
	þ	Tax-exempt interest, DO NOT include on line Ba	╌┸	_		198
linch	9	Dividends, Attach Schedule B if required	···· }	9	-	190
copy B of your comm W-2	10	Taxable refunds, credits, or offsets of state and local income taxas (see page 12)		10		
F-20, and	11	Alimony received	····	11		
QBS-R hers.	12	Business income or (loss). Attach Schedule C or C-EZ	۱	12		
you did not	13	Capital gain or (loss), Attach Schedule D	١ إ	13		-3,000
PELA W-Z. PELPEQUE 12.	14	Other pains or (losses). Attach Form 4797	<u> </u>	14		
_	150	Total IRA distributions 15a b Taxable amount (see		15b		4,138
	168	Total pensions and annuities 16a b Taxable amount pee	pg. 13) [16b		
nciose, but do not	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .	. . [17		
tiach, any payment. Uso, pisase use		Farm Income or (loss). Attach Schedule F	[18		
arm 1040-Y.	18	Unemployment compensation		19		
	10	Social security benefits 20a b Taxable amount (eve		20b		
	204			21		
	21	Other income. Add the amounts in the lar right column for lines 7 through 21. This is your total income.	▶	72		20,641
	22					20,012
\djusted ·	23	RA deduction (see page 15)				
Gross	24	Medical savings account deduction. Attach Form 8853 24	-			
ncome	25	Moving expenses. Attach Form 3903 or 3903–F				
-	26	One—half of self-employment tex. Attach Schedule SE				
	27	Self-employed health insurance deduction (see page 17) 27	_ _			
	28	Keogh and self-employed SEP and SIMPLE plans				
lf line 32 is under 329,290 (under	29	Panalty on early withdrawal of savings				
59,670 It a child	30	Alimony paid. b Recipient's SSN >		mer () () D		ļ
did not live with rout see EIC mat	31	Add lines 23 through 30s.	.,	31		. 0
in page 21.		Subtract line 31 from line 22. This is your adjusted gross income	▶	32		20,641
	_ 32	Subtract tine 31 norm and 22. This is your defeated group arctime				Form 1040

		TITE M CAMITELS				Page 2
Form 1040 (1997) S Y	LVIA M SAMUELS Amount from line 32 (adjusted gross income)		,,, <u></u> ,	33	20,641
Tax	33	Amount from line 32 (adjusting global and and): Spouse was 65 to	or older. 🗍 Blind	. [
Compu-	34	a Check it: You were 65 or older, Blind; Spouse was 65 of Add the number of boxes checked above and enter the total here				
tation		Add the number of boxes checked above and while the size of		 -		
MOII		is if you are married filing separately and your spouse itemizes deduction	R CL AON MALS	34b 🖺		
		a duel-status alien, see page 18 and check here	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	513		
		/ Itemized deductions from Schedule A, line 28, OR	·			
	36	Enter Standard deduction shown below for your filing status. But some page 18 if you checked any box on line 34a or 34b or some	árina Arina			
		The same of the sa				5,150
		of Sacionia \$4 150 • Married Siling pointly or Qualitying wid	ow(er) - \$5,900	٠٠٠٠٠٠ ا	35	3,130
		your: \ e Head of household - \$6,050 \ e Married filing separately	- \$3,45 0	l		
	36	Subtract line 35 from line 33			36	15,491
if you want	_	as a see now I which \$2,650 by the total number of exemu	ptions claimed on t	ine 6d.	2005 A	2 552
the IRS to			70 BIND	• • • • • • • • • •	37	2,650
figura your jgg, see	38	Taxable income. Subtract line 37 from line 35.			338	12,841
page 18.		If king SZ is more than tine 34, enter -9- Text. See page 19. Check if any text from a Form(s) 8814 b Form	m 4972	<u>,,.,</u> ,▶	30	1,924
	40	Credit for child and dependent care expenses. Att. Form 2441	40			
Credits	40	Credit for the elderly or the disabled, Attach Schedule R	41			1
	41	Adoption credit. Attach Form 8839	42			
	42	Foreign tax credit. Attach Form 1116	43			
	43	Other. Check if from a D Form 3800 b D Form 8396	200 A			
	44	Citial Citizat II Ionii C D C T III C T I	44			
		e 🗌 Form 8801 — d 🗍 Form (specify) L Add lines 40 through 44			45	
	45	Add lines 40 through 44 Subtract line 45 from line 39. If line 45 is more than line 39, enter -0			45	1,924
	44	Self-employment tax. Att. Sch. SE			47	
Other	47	Self-employment tax. Alt. Sch. SE			48	
Taxes	48	Alternative minimum tax. Anach Form occil. Social security and Madicare tax on lip income not reported to employe	- Attack Form 413	7	49	
1 0000	46	Social security and Madicare tex on an income not reputed to employe	con 6330 N contains	î	50	
	K	Tax on qualified retirement plans (including IRAs) and MSAs. Attach For			51	
	61	Advance earned income credit payments from Form(s) W-2			52	
	6.	Household employment taxes, Attach Schedule H	************			1,924
	5	Add lines 46 through 52. This is your total tex		1,697		
Payments	5	Federal income tax withheld from Forms W-2 and 1099		400	_	·
. • • • • • • • • • • • • • • • • • • •	5!	1997 estimated tax payments and amount applied from 1996 return.	<u> </u>		- 4	
	54	a Earned Income credit. Att. Sch. EIC if you have a qualifying child.		1	**	
		b Nontanable earned Income: amt.		- 1	- 10 × 12 × 12 × 12 × 12 × 12 × 12 × 12 ×	
Attach Forms W-2,		and type No	560		-73	
W-20, 476	5	Amount paid with Form 4868 (request for extension)	57			
10 00- Pion the front.	Б	Excess social security and RRTA tax withheld (see page 27)	58		_	2
	4	a Other navments. Check if from a ☐ Form 2439 b ☐ Form 4136 [60	l	¥74.34	2 007
		And lines 54, 55, 56s, 57, 58, and 58. These are your total payments			▶ 80	2,097
	6	1 If line 60 is more than line 53, subtract line 53 from line 60. This is the a	emount you OVER	PAID	. 91	
Refund	•	2s. Amount of line 61 you want REFUNDED TO YOU			P 628	
Limina th	_					
Have it directly		b Routing number c Type: C	necking 🔲 Savi	ngs		
depositudi Ses page 27			1			
and fill in 62b,		d Account number			S	
82c, and 82d.		3 Amount of line 61 you want APPLIED TO 1998 ESTIMATED TAX	53			□
		4 It line 53 is more than line 60, subtract line 60 from line 53. This is the	AMOUNT YOU DY	VE.		
Amount	6	For details on how to pay, see page 27			▶ 84	
You Owe		and the state of t	65			
			hydules and statemen	sta, and to the t	met of my	knowledge and ballst, they are
Sign	tra	ider penalties of perjury, I declare that I have sourced this return and extemporying at is, correct, and complets. Declaration of preparal (other than texpayar) is based on all in	ntormation of which p	sbate, pro suà	KNOWIED	De.
Here			j Date	Your occupati		
= -		Your signature	}	TEACH	IING	ASST
Keep a copy of this return	7	A series the initiative ROTH must star.	Date	Spouse's occ		
for your		Spouse's signature. If a joint return, BOTH must sign.				
fectris.			Date	 		Preparer's social security no.
_		aparar's		Check If	- □	
Paid	_	pature V	LLP	- amploys	EIN	L.
Preparer's		Polansky, Kulberg & Co.,			ZIP sod	
Use Only	If	and-employed and Une Uld Country Road			417 500	11514
-	3	Carle Place, NY			<u> </u>	<u> </u>

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After July 28, 1997, for essets held more than 1 year but not more than 18 months.

16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)

It also includes ALL "collectibles gains and losses" (as defined on page D-4).

For Peperwork Reduction Act Notice, see Form 1040 instructions.

^{* 28%} Rate Gain or Loss includes all gains and losses in Part II, column (f) from sales, exchanges, or conversions (including installment payments received) either: • Before May 7, 1997, or

Schar	Halle D Form 10450 1987 SYLVIA M SAMUELS		Page 2
5.7	Summary of Parts I and II		
=		17	-48,300
	lext: Complete Form 1040 through line 38. Then, go to Pert IV to figure your tex it:		
•	Both lines 16 and 17 are pains, and		
	Form 1040, line 38, is more than zero.	墨	
18 I	line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses:		
	P. The loss on line 17: Of	- A	
	a marginal is married filtre generatable (\$1,500)	18 (3,000
•	Vext: Complete Form 1040 through line 36. Then, complete the Capital Loas Carryover Worksheet on page D-4 it:	- A	
	The loss on line 17 exceeds the loss on line 15, or		
	● Form 1040, line 35, is a loss.		
	Tax Computation Using Maximum Capital Gains Rates	· · · · · ·	
19	Enter your texable income from Form 1040, line 35	19	
20 1	Entra the compiler of time 16 or that 17		
91	f you are filing Form 4952, enter the amount from Form 4952, line 46		
22	STOREM ROLZ TEN BELZU. II ZELU UL ROSE, EN EL	臺	
23	Conthine lines 7 and 15. If 200 or less, enter -0-		
24	Enter the smaller of line 15 or line 23, but not less than zero.		
25	Enter your unreceptured section 1250 gain, if any (see page D-4),	差	
24	ANG BROOK 24 BROX 27	$\overline{}$	
27	Subtract line 26 from line 22. If zero or less, enter -0	27	
28	Subtract line 27 from line 19. If zero or less, entire -0	48	
29	Enter the smaller of line 19 or \$41,200 (\$24,650 if single; \$20,600 if married filing separately;	29	
	CON DED If head of household)	30	
30	Enter the amaler of line 28 or line 29.	37	
31	Subtract line 22 from line 19. If zero or less, anter -0	22	
32	Enter the terger of line 30 or line 31	33	
33	Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies.	34	
34	Enter the amount from line 25	35	
35	Enter the amount from line 25	36	
36	Subtract line 35 from line 34. If zero or sess, when the subtract line 35 from line 34. If zero or sess, when the subtract line 35 from line 34. If zero or sess, when the subtract line 35 from line 34. If zero or sess, when the subtract line 35 from line 34. If zero or sess, when the subtract line 35 from line 34. If zero or sess, when the subtract line 35 from line 34. If zero or sess, when the subtract line 35 from line 34. If zero or sess, we have the subtract line 35 from line 34. If zero or sess, we have the subtract line 35 from line 34. If zero or sess, we have the subtract line 35 from line 35 from line 34. If zero or sess, we have the subtract line 35 from line 35		
_	Multiply line 36 by 10% (.10)	37	
37	Enter the smaller of line 19 or line 27	38	
	Enter the amount from line 36	39	
78	Subtract line 39 from tine 38. If zero or less, enter -0	40	
	·		
41	Muttiply line 40 by 20% (.20)	41	
49	Enter the smaller of line 22 or line 25	42	
43	Add lines 22 and 32		
44	Enter the amount from line 19		
45	Subtract line 44 from line 43, If zero or less, enter -0	45	
46	Subtract line 45 from line 42. If zero or less, enter -0	46	
		_	
47	Multiply line 46 by 25% (.25)	47	<u> </u>
	Prince the amount from the 4B		
40	Add lines 22 36 40 and 46	-	
50	Subtract line 49 from line 48.	50	
		.	
51	Multiply line 50 by 28% (.28)	51	
E2	Add line 22 37 41 47 md 51	. [34	ļ
53	Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	
		-	
54	Tax. Enter the smaller of line 52 or line 53 here and on Form 1040, line 39		<u>' </u>

08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 25 of 152

•		OMB No. 1645-0191
Farm 4952	Investment Interest Expense Deduction	1997
Department of the Treasury Internal Revenue Service (94)	Attach to your tex return.	Attachment Sequence No. 72
Name(s) shown on return		Libert Hydry reporter
SYLVIA M SAMUE	ELS	
	ment Interest Expense	
1 Investment Interest exper	nse peid or accrued in 1997. See instructions	1 5,345
2 Disallowed Investment in	perest expense from 1996 Form 4952, line 7	2
3 Total Investment Interes	st expense. Add lines 1 and 2	5,345
Partil Net Investr		
4a Gross Income from proprinvestment)	arty held for investment (excluding any net gain from the disposition of property held for	48 243
	tion of property held for investment	
c Net capital gain from the	disposition of property held for investment	
	4b. If zero or less, enter -0-	46 0
e Enter all or part of the an amount on line 4b. See i	nount on line 4¢ that you elect to include in investment income. Do not enter more than the nstructions	4e
f Investment Income. Add	lines 4a, 4d, and 4a. See instructions	4 243
6 Investment expenses. Se	e Instructions	5
	s. Subtract line 5 from line 4t. If zero or less, enter -0-	6 243
	Interest Expense Deduction	
7 Disallowed investment in	tierest expense to be carried forward to 1998. Subtract line 6 from line 3. If zero or less,	5,102
		243
& Investment interest ex	pense deduction. Enter the smaller of line 3 or 6. See instructions	243

1997	Federal	Statement	S			Page 1
Client 2063	SYLVIA N	SAMUELS			-	
03/19/98						2:10 pm
Statement 1 Form 1040 Wages and IRA Distributions						
Wages Taxpayer - Employer	Wages	Federal W/H		Medi Care	State W/H	Local W/H
GT NECK PUB SCH	19,260	1,697	1,231	288	505	
Totals	19,260	1,697	1,231	288	505	0
IRA Distributions Taxpayer - Payer		Taxable Amount			State W/H	
CHARLES SCHWAB	4,138	4,138			•	
Totals	4,138	4,138		0	0	

New York State e City of New York e City of Yonkers For the full year January 1, 1997 through December 31, 1997, or facel tax year beginning and ending Office use only Offic		New York State Department of Taxation and Finance			IT-201
Office use only A SAMUELS SYLVIA		Resident Income Tax Retu	irin onlærs	1997	11-201
office use only a service and a service of the service of the service and a service of the service of the service and a service of the service of		For the full year January 1, 1997 through Decem	nber 31, 1997, or fisc		97
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City, what per port office provided is a provided and state of control of the same as your realing address above (see instructions, page 29). Formulate home seatment pumber and street or creations. In this square below, orthor to hear other same as your realing address above (see instructions, page 29). Formulate home seatment pumber and street or creations. In the square below, orthor to hear other same as your realing address above (see instructions, page 29). Formulate home seatment pumber and street or creations. In the square below, orthor to hear of street or creations. In the square seatment pumber and street or creations. In the square seatment pumber and street or creations. In the square seatment pumber and street or creations. In the square is a design of the square in		F SAMUELS, SYLVIA M		Life State of the second secon	_
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(A) Filling control of status — (B) Did you itemate your deductions on your 1937 hederal income tax return? (C) Can you be claimed as a dependent on another toxpayer's federal income tax return? (C) Can you be claimed as a dependent on another toxpayer's federal income tax return? (A) Head of household geth qualifying parameter often perits repeately social security number above) (A) Head of household geth qualifying parameter of the perits repeated to your med year, mark an "X" in the box (see page 14)		H 7 600 PINE HOLLOW ROAD		No Verb Phylosophysid Pag	
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(A) Filting status - mark mark (2) Married filing joint return protest ecoustry scelal searchy number above) (3) Married filing joint return protest ecoustry scelal searchy number above) (4) Married filing soparate return (5) Coan you be claimed as a dependent on another toxpayer's fieder a return? 1 **		City, sauge of post price		_	
box:	ile sheck oney	etatus - yo (2)	ur 1997 federal incom an you be claimed as	ns tax return? [Yes s a dependent	-
(4) Head of household (with qualitying person) (5) Qualifying wickow(er) with dependent child Federal income and Adjustments 1 Wapss, salaries, bps, etc. 7 Earnest income and Adjustments 1 Wapss, salaries, bps, etc. 8 For lines 1 through 18 below, enter your income items and total adjustments se they appear on your receival 2 Texable interest income return (see page 15), Alan, see instructions on page 15 2 A 45. 3 Dividend income. 9 Texable instructs, credits, or offests of state and local income taxes (also enter on line 23 below). 4 Texable instructs, credits, or offests of state and local income taxes (also enter on line 23 below). 5 Allmony received. 6 Business income or loss (ettach copy of federal Schedule C or C-EZ, Form 1040). 7 Capital gain or loss (if required, attach copy of federal Schedule D, Form 1040). 8 Texable amount of FA dishributions. 9 A 1, 138. 10 Texable amount of FA dishributions. 10 Texable amount of pensions and annutities. 11 Rental real estate, royalities, purherships, 5 corporations, trusts, etc. (attach copy of federal Sch. E, Form 1040). 12 Farm income or loss (attach copy of federal Schedule F, Form 1040). 13 Unemployment compensation. 14 Texable amount of social security benefits (also enter on line 25 below). 15 Other income (see page 16). 16 Add lines 1 through 15. 17 Total lederal adjustments to income (see page 16). 18 Subtract line 17 from line 18. This is your federal adjusted gross income. 19 Interest income on state and local bonds and obligations (out not those of NY state or its local governments). 19 Interest income on state and local bonds and obligations (out not those of NY state or its local governments). 10 Interest income on state and local bonds and obligations (out not those of NY state or its local governments). 10 Interest income on state and local bonds and obligations (out not those of NY state or its local governments). 20 Public employee 414(h) reterment bonds. 21 Texable amount of social security benefits (from line 14 ab		OX: (enter spouse's social security rumber above) (D) 16	you do not need for	ms mailed to you	
Committee Comm	[]		ext year, mark an 🏋	n the box (see page 14)	1 X
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1 Wages, salaries, tips, etc	Federal Iscom		ome lients		
2 Taxable interest income from the state of stat			ur tederal	1.	
2 Dividend Income		the second secon	on page 15	2.	45.
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23 below). 4.		for showing a loss.		3.	198.
6 Business Income or loss (ettach copy of tederal Schedule C or C–EZ, Form 1040)	3 Dividend Inc	ome	23 below)	4.	
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)				6.	
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Taxable amount of pensions and annulties	a Other gains	Or losses (and or copy of mode at 1 or ni - 1 or 1		, 9.	4,138.
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15. Other income (see page 16) 16. Add lines 1 through 15	13 Unamploym	ant compensation		14.	
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21 Other (see page 17) 22 Add lines 18 through 21 23 Add lines 18 through 21 24 Pensions of NYS & local governments & federal government (see page 19). 25 Taxable amount of social security benefits (from line 14 above). 26 Interest income on U.S. government bonds. 27 Pension and annuity income exclusion. 28 Other (see page 19). 29 Add lines 23 through 28. 20 Subtract line 28 from line 22. This is your New York adjusted gross income (enter the line 30 amount).	19 Interest Inci	ATTER ON BRIEF END ROCK DOLLS SING CONGRESSION VINE WARE AND TEX STREET	(see page 17)	29.	
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23 Taxable refunds, credits, or offsets of state & local income taxes (in 4 above) 23. 24 Pensions of NYS & local governments & federal government (see page 19). 25 Taxable amount of social security benefits (from line 14 above)				,	
Pensions of NYS & local governments & federal government (see page 19). 25. Taxable amount of social security benefits (from line 14 above)	NEW YORK SUL	gracuona: (500 page 12)			_
Texable amount of social security benefits (from line 14 above)	23 Taxable ref	IROS, CROCIS, OT ORSOE OF SOLDS & ICCO INCOME MARS (III 4 above) 23.		- 	
25 Interest income on U.S. government bonds	24 Pensions o	NYS & local governments & recent government (see page 13).	<u>, , , , , , , , , , , , , , , , , , , </u>		
27 Pension and annuity income exclusion	25 Texable an	OUNT OF SOCIAL SECURITY DEPIETES (NOTH INTO 14 ACCOVE)			
28. Other (see page 19) 29. 4, 138. 29. Add lines 23 through 28	26 Interest inc	ome on U.S. government bonds	4 7	3B.	•
29. Add lines 23 through 28					
29 Add lines 23 through 25		Dage (3)		29	4.138
30 Subtract line 29 from line 22. This is your New York adjusted gross income (enter the line 30 amount	29 Add lines 2	3 through 28			<u> </u>
	30 Subtract II	ne 29 from line 22. This is your New York adjusted gross income (ent	er the line 30 amount		16 503
					rr –20 1

	SYLVIA M SAMUELS			•	
Tax Computatio	n (see pape 22)			I and T	Dallers 7.6 5.02
31 Enter the amount	from line 30 on the front page (this is	your New York adjusted gross inco	(Me) ,	31.	16,503.
32 Enter the larger of	l your standard deduction (from pg 2	2) or your itemized deduction (fro	om Form IT-201-ATT	• <u> </u>	7 500
	tiach form). Mark an "X" in the approp	rists box $[]$. X Standard $[]$: Itembæd	12	7,500.
33. Subtract line 32 to	om line 31			33.	9,003.
34 Examptions for de	ependents only (not the same as total	federal exemptions; see page 22)		34.	,000.
35 Subtract line 34 l	rom line 33. This is your taxable inc	9M2		35.	9,003.
36 NY State tax on fir	ne 35 amount (use red NY State Tex Yable o	n page 49; If lins 31 is more than \$100,000), 866 page 22)	36.	366.
New York State	Credits and Other Taxes (s	ee page 23)		┩	
37 New York State h	ousehold credit (from Table I, II or III, I	page 23) 1 37.	40.	4	
	Sizio credits (from Form IT-201-ATT, line 21				- 45
39 Add lines 37 and	38				40.
40 Subtract line 39 to	om line 36 (If line 39 is more than line	36, leave blank)		40.	326.
41 Other New York S	Status texas (from Form IT-201-ATT, ii	ne 34; attach form)		41.	
42 Add lines 40 and	41. This is the total of your New York	State taxes		42.	326
City of New Yo	rk and City of Yonkers Taxes	and Credits		4	
43 City of NY resider	It tax (use the City of MY Tax Tebis on white	pages 57-84)		⊣	
44 City of New York	household credit (from Table IV, V or VI, p	108 24) ,		┨ .	Dae jankarakan an ara
45 Subtract line 44 for	rom line 43 (If line 44 is more than line	43, leave blank) 45.		_	See instructions on pages 23 through 25 for figuring city of
46 Other city of New	York taxes (from Form (1-201-ATT, line 39	; stinon (orm)		. 1	New York and city of Yonkers
47 Add lines 45 and	46	47.			taxes, credits and tax surcharge
48 Full-year NYC res	sident UBT credit (from lm IT-214; parl-yt	er city residents see pg 24) 42.			_
49 Subtract line 48 f	rom line 47 (ff line 48 le more than line 47, k	save blank)		4	
50 City of New York	nonrealdent sernings tex (attach Forr	n NYC-203) s 60.		4	
51 City of Yonkers n	esident income tex surcharge (see pag	e 25) , ,		┧ .	
52 City of Yonkers n	onrealdent earnings tex (attach Form	Y-203)			
53 Part-year city of You	ikera resident Incoma tax surcharge juttach Fo	rm (T-369.1)		- 	
54 Add lines 49 thr	ough 53. This is the lotal of your city o	New York and city of Yonkers tax	125 .	. 54.	<u></u>
Voluntary Gifts/	Contributions (whole dollar am	ounts only; see page 25)		1	
				•	
55 Return a Gift to	**************************************	lissing/Exploited Children Fund		<u> </u>	
Breast Cancer F	Research Fund I b Oly	mpic Fund to Total g	ditalcontributions	. 55.	326
Breast Cancer F 56 Add lines 42, 54	Research Fund b Oly and 56. This is your total NY State, No	mpic Fund to Total g	ditalcontributions		326.
Breast Cancer F 56 Add lines 42, 54 Payments (see	Research Fund I b Oly and 55. This is your total NY State, No page 25)	mpic Fund to Total g aw York City and Yonkers tooss, au	ditalcontributions		326.
Breast Cancer F 56 Add lines 42, 54 Payments (see 57 NY State child ar	Research Fund I b Oly and 56. This is your total NY State, No page 25) nd dependent care credit (from Form IT-	mpic Fund to Total g rw York City and Yonkers taces, au 21e; attach (orm)	ditalcontributions		
Breast Cancer F 56 Add lines 42, 54 Payments (see 57 NY State child as 58 NY State earned	Research Fund I b Oly and \$6. This is your total NY State, No page 25) and dependent care credit (from Form IT- income credit (from Form IT-215; atta	mpic Fund to Total g nw York City and Yonkers taces, au 21s; atlach form)	ditalcontributions		Staple your wage and tex
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(Fórm	104	IO))

NY State Copy Capital Gains and Losses

See instructions for Schedule D (Form 1040).

DMB Ng.1545-0074 1997

Attach to Form 1040.

Attachment Sequence No. 12

Department of the Treasury ▶ Use Schadule D-1 for more space to list transactions for lines 1 and 8. Internal Revenue Service (89) Name(s) shown on Form 1040 SYLVIA M SAMUELS Part Short-Term Capital Gains and Losses - Assets Held One Year or Less IT) SAM OF LOSS, FOR ENTIRE YEAR. (e) Cort or Delle sold (d) Sales prov (b) Date acquired other basis es babs D-2) (Example, 100 sh, XYZ Co.) Ma. day, Yr.) (see page D-Subtract (e) from (d) 2 Enter your short-term totals, if any, from 2 Schedule D-1, line 2..... 3 Total short-term sales price amounts. 3 4 Short-term gain from Forms 2119 and 6252, and short-term gain or (loss) from Forms 4684, 6781, and 8824 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. 6 Short-term capital loss carryover. 26,250) Enter the amount, if any, from line 9 of your 1996 Capital Loss Carryover Worksheet -26,250 7 Net short-term capital gain or (loss). Combins lines 1 through 5 in column (f). . . Long-Term Capital Gains and Losses - Assets Heid More Than One Year ME ZENA RATE GARN IT) GALLING (LDES) (a) Cost or other besis (c) Date sold (d) Sales price FOR ENTIRE YEAR or (LOSS) (see her, below) (b) Date acquired (a) Description of property (Example, 100 sh. XYZ Co.) (Mo., day, yr.) (see page D-3) IMD., day, yr.) (800 Page D-4) Subtract (e) from (d) -22,050 59.850 12/12/97 37,800 6/28/94 NOVELL INC 9 Enter your long-term totals, if any, from . Schedule D-1, line 9. . . . 10 Total long-term sales price amounts. 37,800 Add column (d) of lines 8 and 9 11 Gain from Form 4797, Part I; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or (loss) from Forms 4684, 5781, and 8824..... 12 Net long-term gain or (loss) from pertnerships, S corporations, estates, and trusts from Schedule(s) K-1. 13 13 Capital gain distributions 14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount. If any, from line 14 of your 1996 Capital Loss Carryover Worksheet 15 15 Combine lines 6 through 14 in column (g)

16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)

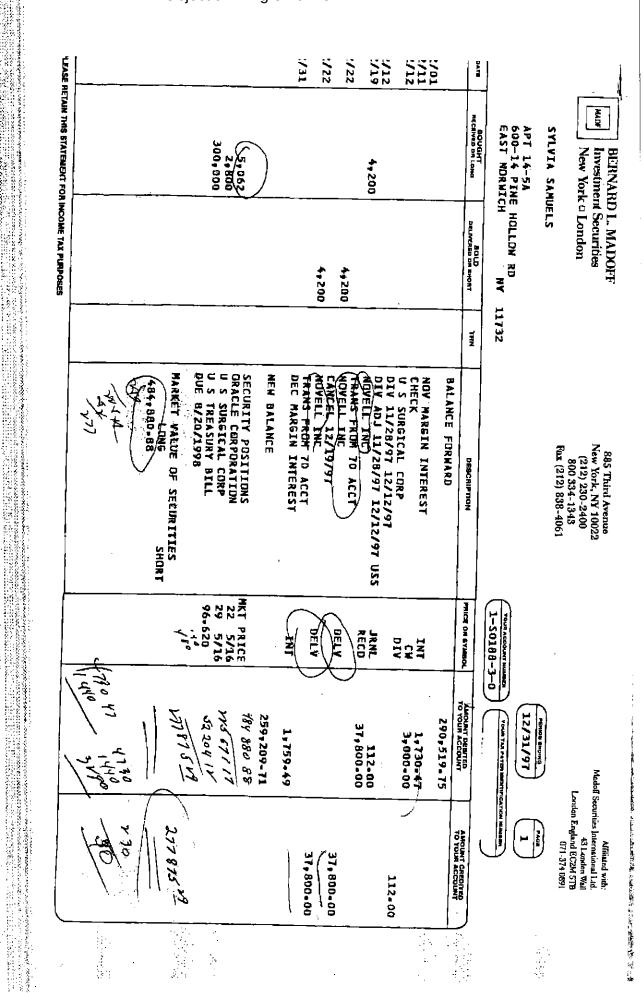
It also includes ALL "collectibles gains and losses" (as defined on page D-4).

-22,050

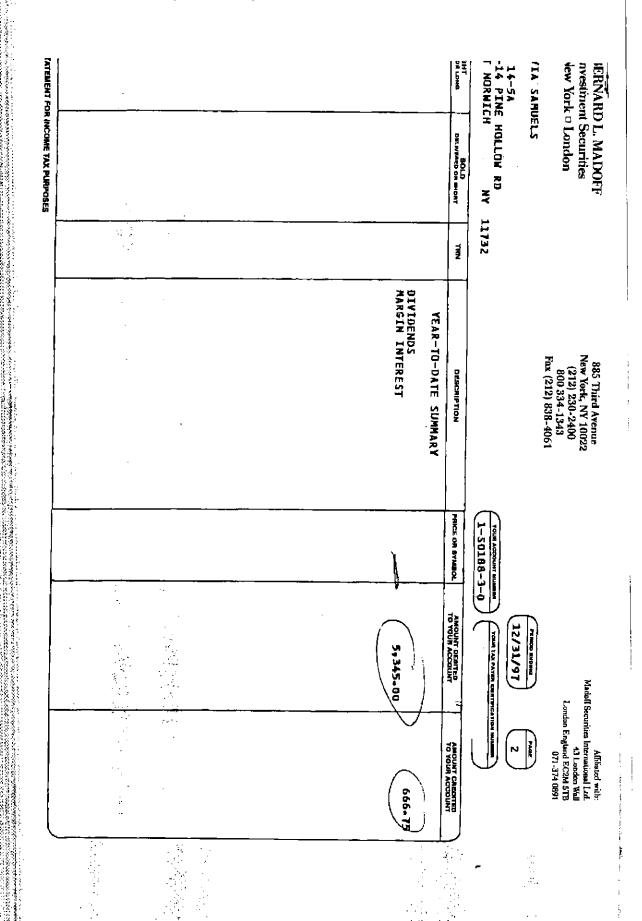
^{* 28%} Rate Gain or Loss includes all gains and losses in Part II, column (f) from sales, exchanges, or conversions (including installment payments received) either: Before May 7, 1997, or

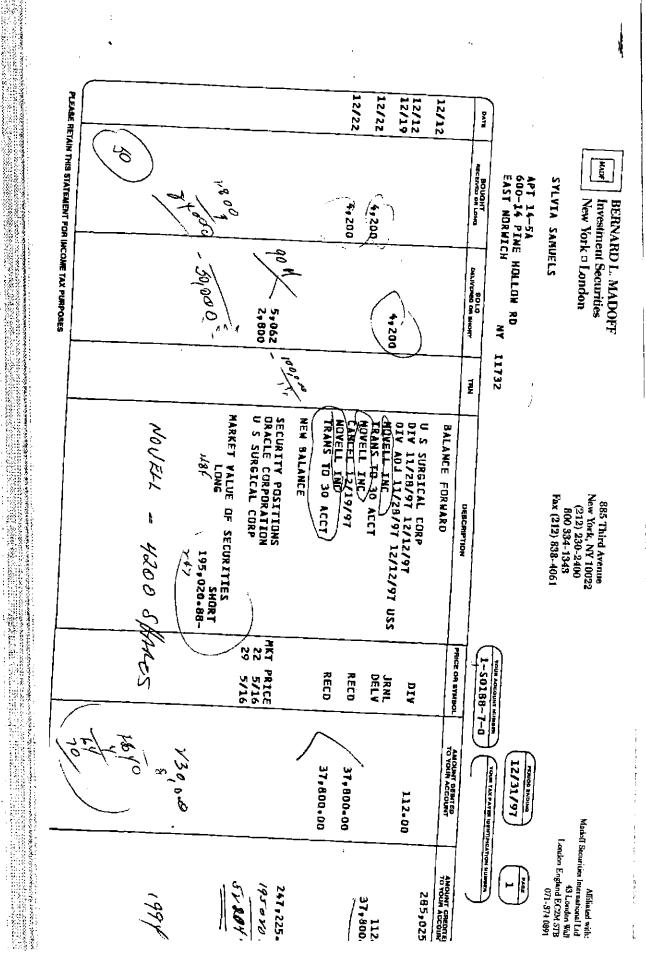
After July 28, 1997, for assets held more than 1 year but not more than 18 months.

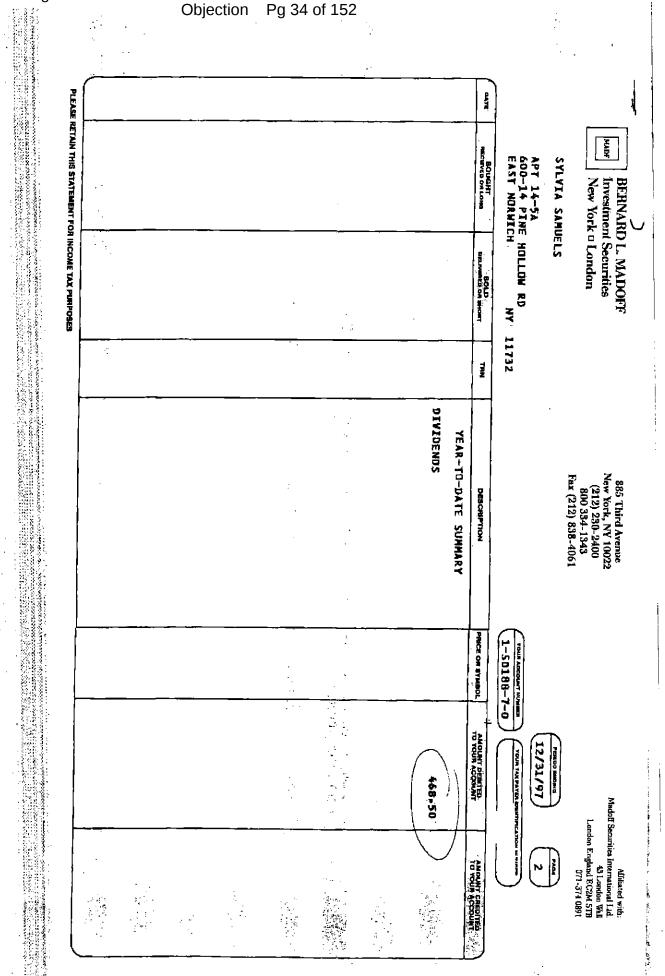
Scha	BUILD OF FORM 1949) 1987 SYLVIA M SAMUELS		Page 2
	Summary of Parts I and II NY State Copy		
	Combine lines 7 and 15. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13	17	-48,300
	The same of the sa		
•	Both lines 16 and 17 are gains, and		
	Form 1040, line 38, is more than zero.	22	
	a Little (And ill a 20) is many and a	噩	
1	If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the amalter of these losses:		
	Trans (7 is a kiss, prime the case a term) or a second of the kiss on line 17; or		
	a and ANA) or II	18 (3,000
	Next: Complete Form 1040 through line 36. Then, complete the Capital Loss Carryover Worksheet on page D-4 it:	200	
•	The loss on line 17 exceeds the loss on line 18, or	Ontraria.	
	• Form 1040, line 36, is a loss.		
	Tax Computation Using Maximum Capital Gaina Rates		
墓	Enter your taxable income from Form 1040, line 38	19	
19	Enter your totable income from Form 1040, site 30	<u></u>	
20	Enter the smaller of line 16 of line 17. If you are filing Form 4952, enter the amount from Form 4952, line 4e	- 100	
21	Subtract line 21 from line 20. If zero or less, enter -0		
22	Combine lines 7 and 15. If zero or less, enter -0-		
23	Combine tines 7 and 15, if zero or less, trius Enter the amailter of line 15 or line 23, but not less than zero.	***	
24	Enter your unrecaptured section 1250 gain, if any (see page D-4).		
25	Add lines 24 and 25		•
25	Add lines 24 and 25. Subtract line 25 from line 22. If zero or less, enter -0	. 27	_
27	Subtract line 27 from line 19. If zero or less, enter -0-	. 22	
25	SUBTRICT ING 27 FOR ING 19, II 289 OF 1855, Green 200 BOOK BOOK II married Sinn sensitivity	П	
29	Enter the smaller of line 19 or \$41,200 (\$24,650 if single; \$20,600 if married filing separately; \$33,050 if head of household)	. 29	
	Enter the smaller of line 25 or line 29.	. 30	
30	Subtract line 22 from line 19. If zero or less, enter -0-	. 3 1	
31		. 32	
32	English the true of the agregation on line 32. Use the Tax Table of Tax Pate Schedules, whichever applies	ريد ا	
33	Enter the amount from line 20	. 🗠	
34 95	Fater the annual from line 28	. (≛	
33	Subtract line 35 from line 34. If zero or less, enter -0-	. 35	
36		1	
77	Multiply line 35 by 10% (.10)	▶ 37	
38	Enter the smaller of line 19 or line 27	. 32	
39	Color the amount from ting 25	. 30	
40	Subtract line 39 from line 38. If zero or less, enter -0	· 40	
		.	ļ
41	Multiply line 40 by 20% (.20)	► 4 <u>1</u>	
49	Enter the smaller of the 22 or the 25	. 42	
42	Add lines 22 and 32		
	F-1- the amount from the 10		
	many at the state of Manager and the second of the second	46	
46	Subtract line 44 from line 42. If zero or less, enter -0	44	
		L	
47	Multiply line 46 by 25% (25)	► 47 4	
		📆	+
	A 2 A C	🕶	
50	Subtract line 49 from line 48		'
51	Multiply line 50 by 28% (.28)	6	
52	t Add lines 33, 37, 41, 47, and 51	6	
53	Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies		*
	Page 4846 Box 56	. .	
54	Tax. Enter the smaller of line 52 or line 53 here and on Form 1040, line 39	- 13	<u>* </u>



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08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 35 of 152

Exhibit C

F. 4040	Departs	ent of the Treamy - Internal Revenue Servi	eturn 1998					
ក្តី 1040		Individual Income Tax R		(99) 1RS Use Only -				
	For th	e year Jan. 1 - Dec. 31, 1998, or other tax year b	eginning	, 1995, ending	, 19 T		OM B No. 1545-00	074
Label		first name and initial	Last nesije			104 6004	sectary learner	
(See	S	YLVIA M SAMUELS				S		
instructions on page 18.)	Ha]	oint return, appuse's first name and initial	Last dame			Spories 3:	odal security num	NOM?
1.5								
Lise the IRS L	Hon	e address frumber and street), if you have a P.O	, box, see page 18.	Apt. r	PC.	▲ IN	MPORTANTI	
Otherwise, E please print R	6	OO PINE HOLLOW ROAD		14-5A		-	ou must enter	
ortype. E	City	town or post office, state, and ZIP code. If you	have a foreign address, see pa	ge 18.			r SSN(s) above	-
75	E	AST NORWICH, NY 1173	2			Yes N		
Presidential Election Campal	an k	o you want \$3 to go to this fund?			• • • • • • • • • • • • • • • • • • • •		Tank of Lengthcon	
(Sau page 18.)	7	a joint return, does your spouse want \$	3 to go to this fund?				refund.	
	1	X Single						
Filing Status	2	Married filing joint return (even if	only one had income)					
	3	Married filling separate return. Er	iter spouse's soc. sec. no.	above & tull name here	<u> </u>			
Check only	4	Head of household (with qualify)	ng person), (See page 18	.) If the qualifying person	is a child b	ut not yo	ur dependent,	
ane bax.	-	anter this child's name here						
	5	Cualifying widow(ar) with depen	dent child (year spouse d	led > 19). (See p				
	64	Kill Warrang M. Harrier percent (or some	nne eise) can claim vou 84	s a dependent on his or h	er tax			
Exemptions		return, de not check bo	Ж ба			} □	ls, of boxes hecked on	-
	ь	☐ Spouse	· · · · · · · · · · · · · · · · · · ·		(4) Chk if q		E and 66	
		Dependents:	(2) Dependent's social	Di Dependent's	child for c	hild tax c	hildren on	
	_	(I) First Name Last name	security number	unjargountarjo go Acon	cradit (see	pege 19) 6	c what	
		<u> </u>		<u> </u>			lived with you _	
•				<u></u>	<u>.</u>		did not live with ou due to divorce	
If more than six							r seperation ses paga 19)	
dependents, see page 19,					 		-	
				<u> </u>		 (Dependents m 5c not	
				<u> </u>			intered above	
							Add numbers	
							intered on .	ī
		Total number of exemptions claimed.				<u> </u>	ines above	1
	- d	Wades, salaries, tips, etc. Attach Form	(s) W-2				neared on hines above ► 19,71.	9
Income	_	Wages, salaries, tips, etc. Attach Form Taxable Interest, Attach Schedule B If	(s) W–2		7		ines above	9
Income	7	Wages, salaries, tips, etc. Attach Form Taxable Interest, Attach Schedule B If Tax-exempt Interest, DO NOT include	(s) W=2required	8b			19,71 14,04	9 2
Atzach	7	Wages, salaries, tips, etc. Attach Form Taxable Interest, Attach Schedule Bit Tax-exempt Interest, DO NOT include Onlinery dividends. Attach Schedule I	(s) W=2	8b			neared on hines above ► 19,71.	9 2
•	7 8a b	Wages, salaries, tips, etc. Attach Form Taxable Interest, Attach Schedule B if Tax-exempt Interest, DO NOT include Ordinary dividends. Attach Schedule I Taxable refunds, credits, or crisets of a	(s) W-2	8b		9	19,71 14,04	9 2
Attach Copy B of your Forms W-Z, W-ZG, and	7 8a b	Wages, salaries, tips, etc. Attach Form Taxable Interest, Attach Schedule B if Tax-exempt Interest, DO NOT include Ordinary dividends. Attach Schedule I Taxable refunds, credits, or crisets of a Alimony received	(s) W-2required	8b ss (see page 21)	\$ 1 1	9	19,71 14,04	9 2
Attach Capy B of your Forms W-2, W-2G, and 1000-N here.	7 8a b 9	Wages, salaries, tips, etc. Attach Form Taxable Interest, Attach Schedule B if Tax-exempt Interest, DO NOT include Ordinary dividends. Attach Schedule I Taxable refunds, credits, or offsets of Alimony received	(s) W-2	8b ss (see page 21)	\$ 1 1	9	19,71 14,04:	0
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Attach Capy B of your Forms W-2, W-2G, and 1009-P here. If you did not get a W-2,	7 8a b 9 10 11 12 13	Wages, salaries, tips, etc. Attach Form Taxable Interest, Attach Schedule B if Tax-exempt Interest, DO NOT include Ordinary dividends. Attach Schedule I Taxable refunds, credits, or offsets of Alimony received Business income or (loss), Attach Schedule Capital gain or (loss), Attach Schedule Other gains or (losses). Attach Form 4 Total IRA distributions	(s) W-2	es (see page 21)		2 V/ 3 4 Sab	19,71 14,04:	9 2 0 0 0 0
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Attach Capy B of your Forms W-2, W-2C, and 1000-H here. If you did not get a W-2, see page 20. Enclose, but do not sitach any payment Also, please use Form 1040-V.	7 8a b 9 10 11 12 13 14 15a 16 17 18 19 20 21 22 23 24	Wages, salaries, tips, etc. Attach Form Taxable interest. Attach Schedule B if Tax-exempt interest. DO NOT include Ordinary dividends. Attach Schedule II Taxable refunds, credits, or offsets of a Alimony received Business income or (loss). Attach Schedule Other gains or (loss). Attach Schedule Other gains or (loss). Attach Form 4 Total IRA distributions	(s) W-2 required requ	ss (see page 21). b Texable amount see stc. Attach Schedule E. b Taxable amount (see stc. Attach Schedule E. This is your total income 23 24 25 26	pq. 22) 1:	0 1 2 V/ 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	19,71 14,04 4,72	0 0 8
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Form 1040 (19	38 15]	TVIA M SAMUELS	1 44	Page 2
Tay and	34	Amount from line 33 (adjusted gross income)	34	61,032
Tax and	35	a Check It. You were 65 or older, D Blind; D Spouse was 65 or older, D Blind.	. 📖	
Credits		Add the number of boxes checked above and enter the total here		
		bill you are married filing separately and your spouse itemizes deductions or you were		
Standard Deduction	1	a chual-status allen, see page 29 and check here		
for Most	₃₆	Since the learner of year tempted deductions from Schedule A, line 28, OR standard		
People	Γ - ΄	deduction shown on the laft. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	32,563
Single: \$4,250		checked any box on line 354 or 350 or a summone can clearly you as a dependent	37	28,469
Head of	37	Subtract line 36 from line 34.		
household:	38	if line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34 is over \$93,400, see the worksheet on page 30 for the amount to enter		2,700
\$8,250 Married filling	30	Taxable Income, Subtract line 36 from line 37.		25,769
Jointly or				3,922
Gualifying widow(er):	40	Tax. See page 30. Check if any tax from a Form(s) 8814 b Form 4972	2887603	3,922
\$7,100	41	Credit for child and dependent care expenses. Att. Form 2441 41	_	
Married	42	Credit for the elderty or the disabled. Attach Schedule R		
filing separately	43	Child tax credit (see page 31)		
\$3,550.	44	Education credits. Attach Form 8863		
	45	Adoption credit. Attach Form 8839		
	46	Foreign tax credit. Attach Form 1116 if required		
	47	Other, Check If from a Grown 3800 b Grown 8398		
	7/	c ☐ Form 8801 d ☐ Form (specify) 47		
		Add lines 41 through 47. These are your total credits	48	"
	48	Subtract line 48 from line 40, if line 48 is more than tine 40, enter -0-	→ 49	3,922
	49	Subtract line 45 from line 40, if line 40 is more unan line 40, where 40	50	3/322
Other	50	Self-employment tax. Att. Sch. SE	51	+
Taxes	51	Alternative minimum tax. Attach Form 6251	52	
. I GYAS	52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	32	
	53	Tax on IPAs, other retirement plans, and MSAs. Attach Form 5329 if required	53	
	54	Advance samed income credit payments from Form(s) W-2	54	
	55	Household employment taxes. Attach Schedule H.,	55	
	54	Add lines 49 through 55. This is your total tax.	.▶ 56	3,922
<u> </u>	57	750		
Payments		1998 estimated tax payments and amount applied from 1997 return . 58		
	-	a Earned Income credit. Att. Sch. EIC if you have a qualifying child.		
	33	b Nontaxable earned Income: amt.		
trach Forma W=2.		No.		
nd W-2G		Additional child tax credit. Attach Form 8812		
in the front. Viso attach				
'orm 1099-R tax was	. 61	Arricular band with Lottil 1000 findens; in: Generally 4	-	
rithheid.	62	Excess social security and RRTA tax withheld (see page 43)	-	
	6.	Other payments. Check if from a Form 2439 b Form 4136 63		1 250
	54	Add lines 57, 58, 59a, and 60 through 63. These are your total payments		
Refund	63	If line 64 is more than line 56, subtract line 56 from line 84. This is the amount you OVERPAID	55	
rein'id	64	a Amount of line B5 you want REFUNDED TO YOU	.> 66	
leye it				
irectly		b Routing number ► e Type: Checking ☐ Savings	A.6	
epositedi as pega 44			- Z	1
nd fill in 66b,		d Account number		
5c, and 85d.		Amount of line 65 you want APPLIED TO 1999 ESTIMATED TAX > 67		
				
mount	61	If line 56 is more than line 54, subtract line 54 from line 56. This is the AMOUNT YOU OWE.	.> 68	2,181
'ou Owe		For details on how to pay, see page 44		2,123
	89	ESTITUTION DE DEMONIT. AISO MICHOUS ON MICHOUS OF THE CONTRACT		included and belief they are
		er penalties of perjury, il declare that I have exemined this return and accompanying schedules and statements, and to the , correct, and complete. Declaration of preparer (other than taxpsyer) is based on all information of which preparer has an	r knowled	,
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iign	Um tru			
lere	Librari trus	Your signature Date Your occupation		Daytime telephone number (optional)
	tru	Your signature Pour occupation TEACHING ASST		Daytime telephone
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iere oint return? se page 18. sep a copy ryour cords. 'aid 'reparer's	Pre alg	Spouse's signature Polansky, Kulberg & Co., LLP	ed []	Daytime takephone number (optional) Preparar's social security no. 11-3385923
iere oint return? se page 18. sep a copy rryour cords.	Preside Final If a	Your occupation TEACHING ASST Spouse's signature. If a joint return, BOTH must sign. Date Check If self-emptoy Polansky, Kulberg & Co., LLP	ed []	Daytime takephone number (optional) Preparar's social security no. 11-3385923

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

> See separate instructions.

OMB No. 1545-0140 1998

	rtment of the Trackury	 Affach	to Form 10	40, 1040A, 1040NR, 1040NR-EZ,	or 1941.		Sedonium inte	<u> </u>
	nai Ravenus Sarvica elsi shown on tax return					kientifying nun	Ďeľ	-
	W MBW	TRT.Q			·	L		
Nati	e: in most cases, you es in Part I apply to you	u do not need to file Form 2210 ou. If you do not need to file Fo is of your return, but do not att	ann 22 iu, yo ach Form 22	ill figure any penalty you owe and u still may use it to figure your pen 10.	<u> </u>			
	Part I Reason: boxes that	s for Filing - It 1a, 1b, or t apply and file Form 2210 with	ic below app your tax ret	tes to you, you may be able to low urn. If 1d below applies to you, o	ver or eliminate your heck that box and fi	penalty. But y le Form 2210	ou MUST chec with your tax re	k the sturn.
1	Check whichever bo	xes apply (if none apply, see th	H Note abov	e):				
2	You request a wa	iver. In certain dircumstances,	the IRS will \	vaive all or part of the penalty. See				
	ined inch lima	inte See page 4 of the instruct	ons.	Income varied during the year, th				
	أحميها اماحاطات	of in equal emounts on the Day	Ашецк апа сл	timated lax purposes, you treat the ites. See the instructions for line 2	0 Ott P=00 =			
đ	Your required and both years.	nual payment (lina 14 below) is	besed on yo	our 1997 tax and you filed or are fil	ing a joint return for	either 1997 o	1996 but not fo	ır ——
	art II Require	d Annual Payment						
<u> </u>	Enter voter 1909 tax	after credits (see page 2 of the	instructions).			2	3,	922
_		o the last utions)				· · · · · · · · · · · · · · · · · · ·		
4	Add Inc. 2 and 3					4	ر ف	922
-	Earned Income cond	IR			[3]			
	والمحاطم المحملانات في	erectly						
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	Add Tool & G. and T	7			*************	8]		, 922
_		black Eng & from line 4				• • • • • • • • • • • • • • • • • • • •	ر د	, 322
10		w 100			יטרן	,530	-	,750
44	* 3.0 MILL - Lall - Annua - P	a a.a. inak ole nev estimated ti	IX CAVITANTS !	OU 11372 RUS (2568 12570 € OL 11) = 2124				,730
		_ n o Wi then \$1 000 str	n hara: do Di	et compteté of the this form. You d	IO 11Or Olde a nie beim	ity 12		, 924
	Parada base about	Carlo 1007 by referre Carl	on: See 000	a 2 of the instructions		• • • • • • • <u> • = </u>		, 924
14		الوجود ويناوي والمسوورة	20 10 W 128	13				, 324
		فيقه المال والمساور والمساور والمساور والمساور والمساور والمساور والمساور والمساور والمساور والمساور	a been usu i	in net ewa ma banany. Lio noi ilia	وججودات مانكا اللكال	And Allerance of	OX 10 above.	Onel I
	art III Short M	fiethod (Caution: See page part and go to Part IV.)	2 of the instr	actions to find out if you can use t	ne short meniod. It j			
-	Enter the amount if	lary, from line 11 above			` <u> </u>	.,750	•	
13 4=	Criter the fafai and	unt Kamu of estimated tax DAV	ments you m	ada	18		_	
47	Add Door 15 and 16			***************		17	1	<u>,750</u>
18		-s des week Cubbact line 17 fm	m Ine 14. If:	žero or less, stop here; you do no	owe the penalty. D	o not 15		174
	file Form 2210 units	as you checked box to ecove.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19		9
19	Multiply ine 18 by J	DSU43		-0				
20	If the amount on	Ine 18 was paid on or after 4	OG make the	following computation to find the	amount to enter on	Ine 20.		
	= if the amount of		CO HANGER	Number of days paid				
		Amount on Ene 18	×	before 4/15/99	x .00019	20		0
21	PENALTY, Subtrac	t line 20 from line 19. Enter tha	result here a	nd on Form 1046, line 69; Form 1	U4UA, XIIB 44;	> 21]	9
	Form 1040NR, Inc	68; Form 1040NR-EZ, line 27;	or Form 104	1, Ine 26			Form 221	0 (1996)

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

SCHEDULES / Form, 1040)	A&B	Schedule A - Itemized Deductions	OMB No. 1545-0074
epartment of the Tre mernsi Revenue Servi		Attach to Form 1040. See Instructions for Schedules A and B (Form 1040).	Attachment 07 Sequence No. 07
iume(s) shown on For			Your aprile security number
SYLVIA M	SA	MUELS	
Vedical		Caution: Do not include expenses reimbursed or peld by others.	
nd ind	1	Medical and dental expenses (see page A-1) . Statement1 1 420	
Jental	2	Enter amount from Form 1040, line 34 2 61, 032	
Expenses	3	Multiply line 2 above by 7.5% (.075)	
	4	Subtract line 3 from line 1, if line 3 is more than line 1, enter -0-	· 4 0
Taxes You	5	State and local income taxes	
ald 'ald	6	Real estate taxes (see page A-2)	
	7	Personal property taxes	
See	8	Other taxes. List type and amount	
age A-1.)	•		
	•		
•		В	
	9	Add lines 5 through 8.	9 526
	10	Home mortgage Interest and points reported on Form 1098	
nterest /ou Paid	11	Home mortgage interest not reported on Form 1098. If paid to the person from	
See	• •	whom you bought the home, see page A-3 & show that person's name, ID no. & address	
age A-3.)	¥		
	•		
letec			
ersonel		11	
nterest (s of	12	Points not reported on Form 1098. See page A-3	
aductible.	13	Investment Interest Attach Form 4952, If required.	
	,,,	(See page A-3)	
	14	Add lines 10 through 13	14 31,812
⊒fīa to	15	Gifts by cash or check. If any gift of \$250 or more, see pg. A-4. St3 15 225	
therity	16	Other than by cash or check, if any gift of \$250 or more, see page A-4.	
You made a		You MUST attach Form 8283 if over \$500	
ift and got a energy for it,	17	Carryover from prior year	
se page A-4.	18	Add Ines 15 through 17.	18 225
assuity and	19	Casualty or theft loss(es), Attach Form 4684.]
heft Losses		(See page A-5.)	19 0
ob Expenses	20	Unreimbursed employee expenses - job travel, union dues, job education.	
nd Most Other		stc. You MUST sitach Form 2105 or 2108-EZ if required, (See page A-5.)	
4scellaneous leductions	•	TEACHING BOOKS & AIDS 125	
Addictions			•
		20 125	
			
	21	Tax preparation fees,	
	22	Other expenses - investment, safe deposit box, etc. List type and amount	
	>		
ind			
ige A-8 for Opinion to		22	
educt here.)			
	23	Add thes 20 though 22	
	24		
	25	Multiply line 24 above by 2% (.02)	
	25	Other - from list on page A-6, List type and amount	
ther Iscellaneous	27	Other - Itom izr on befor v.o. por the star support	
Riscellaneous eductions			
		~	27 0_
		Is Form 1040, line 34, over \$124,500 (over \$62,250 if married filing separately)?	
otal emized	25	No. Your deduction is not limited. Add the amounts in the far right column for	
eductions		tines & through 27. Also, enter on Form 1940, line 36, the larger of this 1	28 32,563
•		amount or your standard deduction. YES. Your deduction may be limited. See page A~8 for the amount to enter.	

Schedules A&B (Forn	1040 1998		vo. 1545-00	
Name(3) shown o	n Fo	rm 1040, Go not enter name and social security number if shown on other slide.] '	TOLE SOCIAL S	acturity number
SYLVIA	M	SAMUELS Schedule B - Interest and Ordinary Dividends	<u> </u>		Attachment 08
				*	
Part I	Not	e: If you had over \$400 in texable interest income, you must also complete Part III.			Amount
interesi (See pages 20	1	as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security			
and 8-1.)		number and address > BERNARD L MADOF EAB			14,010
Note: If you received a Form				1	· · · · · · · · · · · · · · · · · · ·
1099-INT, Form 1099-OID, or subatitute statement from					
a brokerage firm fat the firm's name as the payer and enter					
the total Interest thown on that form.	•				
		Add the amounts on line 1.		2	14,042
	3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040	.,., .,	3 4	14,042
<u> </u>	<u>q</u>	te: If you had over \$400 in ordinary dividends, you must also complete Part III.		•	
Part II Ordinary				!	Amount
Zvidends	5), line 13		5,056
See pages 21 .nd B-1.)		BERNARD L. MADOFF SHORT DIVIDENDS			-336
	•				
				5	
tota; if you acaived a Form 099-DIV or ubatitum				1	•
talement from Irokarage im, flat the		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
rm's name 44 he payer nd enter he ordinary				1 F	
vidends show n that form.	n		. .		
	6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9	, , , , , ,)	6	4,720
art []] oreign	(c)	u must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign ac received a distribution from, or were a granter of, or a transferor to, a foreign trust.		•	Yes No
occounts nd rusts	7	At any time during 1998, did you have an interest in or a signature or other authority over a financial a country, such as a bank account, securities account, or other financial account? See page 8–2 for exprequirements for Form TD F 90–22.1	September 5	dien min.A	X
ies tge B-2.)	-	b if "Yes," enter the name of foreign country >	trust?		
		If "Yes," you may have to file Form 3520. See page B-2	<u></u>	Schedu	X

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

 See instructions for Schedule D (Form 1040). Attach to Form 1040. Use Schedule D-1 for more space to list transactions for lines 1 and 8.

1998

Attachment 12 Sequence No.

OMB No.1545-0074

Name(s) shown on Forth 1040 SYLVIA M SAMUELS Part 1 Short-Term Capital Gains and Losses - Assets Held One Year or Less (a) Cost or IT GAIN OF (LOSS) id) Sules price (c) Data sold (b) Date acquired (a) Description of property Example, 100 sh. XYZ Co.) ciner basis н раде D-6) Subtract (e) from (d) Ma., day, yr i Mo., day, vr.) (see page D-6) 2 Enter your short-term totals, if any, from 2 Schedule D-1, line 2 3 Total short-term sales price amounts. Add column (d) of lines 1 and 2 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 5781, and 8824..... 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 23,250) â 1997 Capital Loss Carryover Worksheet -23,250 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) . . . Part 1 Long-Term Capital Gains and Losses - Assets Held More Than One Year M 25% RATE GAM (a) Cost of U GYN IL (FO22) (d) Sales price (c) Date sold (Mo., day, yr.) or (LOSS) "(see }natr. balo (b) Date acquired other basis (a) Description of property (Example, 100 sh. XYZ Co.) Substruct (e) from (d) (see page D-5) OMO., day, yr.) (see page () -5) 58,350 6/01/94 12/15/98 108,850 50,500 TYCO 9 Enter your long-term totals, if any, from 9 Schedule D-1, line 9 Total long-term sales price amounts. 10 108,850 Add column (d) of lines 8 and 9 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 2 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. 13 3 Capital gain distributions. See page D-2..... 4 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, 22,050) 22,050 14 If any, from line 13 of your 1997 Capital Loss Carryovar Worksheet -22,050 15 5 Combine lines 8 through 14 in column (g)..... 36,300 15 5 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). . . . Next: Go to Part III on the back.

* 28% Rate Gain or Loss includes all "collectibles gains and losses" (as defined on page D-5) and part or all of the eligible gain on qualified small business Hock (see page D-6).

·		
Schedule D (Form 1040) 1998 SYLVIA M SAMUELS		Page 2
Part III Summary of Parts I and II	· · · · · ·	
17 Combine lines 7 and 16. If a loss, go to line 16. If a gain, enter the gain on Form 1040, line 13	17	13,050
Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax it:		
Both lines 16 and 17 are gains, and		,
• Form 1040, line 39, is more than zero.		
18 If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses:		
4. The loca on that 17' of		
a (F2 COM) or Wennylod Wing spourately (\$1,500)	18 ()
Next: Complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet on page D-6 if:		
• The loss on line 17 exceeds the loss on line 18, or		
• Form 1040, line 37, is a loss.		
Part IV Tax Computation Using Maximum Capital Gains Rates		<u> </u>
19 Enter your taxable income from Form 1040, line 39.	19	25,769
an Phone and an at the 18 or tipe 17 of Schedule D		
24 May are filter Form 4952, enter the amount from Form 4952, line 48	50000	
22 Subtract line 21 from line 20. If zero or less, sitter -0	0	
23 Cambina Space 7 and 15 if your or less sater -0-	0	
24 Extension amplies of the 15 or line 23, but not less than 2013	_	
25 Enter your unreceptured section 1250 gain, if any (see page D-7)		
		_
are naturally and the notation of last enter of the control of the	27	0
27 Subtract line 27 from line 19. If zero or less, enter -0-	28	25,769
29 Enter the smaller of:		
The amount on line 19, or		25.250
= \$25,350 if single; \$42,350 if married filing jointly or qualifying widow(er);	29	25,350
\$21,175 if married filing separately; or \$33,950 if head of household	_	25 250
30 Enter the smaller of line 28 or line 29	30	25,350 25,769
to delice the second of the second se	[3]	25,769 25,769
has 19 al f al f al and 20 flux 24 al al al al al al al	[32]	3,922
22 Error the targer of the 30 of line 32. Use the Tax Table or Tax Rate Schedules, whichever applies	34	25,350
14 Enter the amount from line 29	35	25,769
15 Enter the amount from line 28	36	23,733
16 Subtrect line 35 from line 34. If zero or less, enter -0	·· 	<u>~_</u>
77 Multiply line 38 by 10% (.10)	▶ 37	
17 Multiply line 38 by 10% (.10)	38	
19 Enter the amount from line 38	39	
IO Subtract line 39 from line 38	40	0
11 Multiply line 40 by 29% (.20)	. > 41	
22 Enter the smaller of line 22 or line 25	42	
19. Add Book 29 and 29		
Id. Enter the amount from less 49		
5. Subtract line 44 from line 40. If zero or less, effor -0	45	0
6 Subtract line 45 from line 42, if zero or lass, enter -0-	46	0
	1 1	
7 Multiply line 45 by 25% (.25)	. > 47	25,769
B Cate the amount from time 40	· · · · [79]	25,769
D 44d Free 70 90 40 and 46		20,100
0 Subtract line 49 from line 48		
	. > 51	
1 Multiply line 50 by 28% (.28)	52	3,922
2 Add Snes 33, 37, 41, 47, and 51		3,922
3 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	···· - -	<u></u>
4 Tax on taxable income including capital gains. Enter the smaller of line 52 or line 53 here and on Form 1040, line 40	. > 54	3,9 <u>22</u>
1 Tax on taxable income including capital gains. Enter the ament of the action of the	/	

	Investment Interest Expense Deduction	OMB No. 1545-0191
Form 4952		1998
Department of the Treasury Internal Revenue Service (99)	Attach to your tax return.	Sequence No. 72
Name(s) shown on return		Identifying number
SYLVIA M SAMUE	ELS	<u> </u>
Part Total Invest	ment Interest Expense	
1 Investment Interest expen	se paid or accrued in 1998. See instructions	1 35,680
2 Disaliowed investment int	arest expense from 1997 Form 4952, line 7	2 5,102
	of expense. Acid lines 1 and 2	40,782
Part II Net Investm	nent income	
4a Gross Income from proper Investment)	rty held for investment (excluding any net gain from the disposition of property held for	41 18,762
	tion of property held for investment	
	disposition of property held for investment	
d Subtract line 4c from line	4b. If zero or less, enter -0	4d 0
e Enter all or part of the am amount on line 4b. See it	nount on line 4c that you elect to include in investment income. Do not enter more than the estructions	13,050
f investment income. Add	Ines 4a, 4d, and 4e. See instructions	41 31,812
5 Investment expenses. Se	e Instructions	5
5 Net Investment Income	Subtract line 5 from line 4f. If zaro or less, enter -O-	6 31,812
Part II Investment	Interest Expense Deduction	
7 Disallowed Investment Intenter -C	terest expense to be carried forward to 1999. Subtract line 6 from line 3. If zero or less,	7 8,970
8 Investment interest ex	sense deduction. Enter the smaller of line 3 or 6. See instructions.	8 31,812

 1998	Federal Statements	Page 1
Client 2063	SYLVIA M SAMUELS	
33/18/99		07:56 pn
Statement 1 Schedule A, Line 1 Medical and Dental Exp Insurance Premiu	enses ms	\$ 420 \$ 420
	rest Carryover	-8,970
Statement 3 Schedule A, Line 15 Contributions by Cash	or Check	
MISCELLANEOUS OF	RGANIZED CHARITIES Total	\$ 225 \$ 225

- 5	•		Mail	Estimated Ta	ах Рауп	ents to:
- com:	1040-ES			rnal Revenue	Servic	:e
wat TR		_ ا		Box 162		
retermal F	ent of the Treasury Revenue Service			rk, NJ 0 <u>7101</u>	-0162	OMB No. 1546-0067
	u Krans em maldad a Di	 Lyme	nt of estimated tax. Return this your	her with check	Calendar y	ear - Due April 15, 1999
	ar amber neverble to the		had States Tressury. House with	I YOUR SOCIAL		
acurity	number and "1999 For	rm 10	040-ES" on your check or money on ole or attach, your payment with this	voucher.		
and ca	ISIL Englosa, but do no			Your last name		Your social security number
			Your first name and initial		}	TOO SOUTH ODENIES INSTITUTE
		P	SYLVIA M	SAMUELS		
		붙임	If joint payment, complete for apouse	Spouse's last name		Spouse's social security number
A	mount of payment	E A P R	Spouse's first name and ireitel	Spouse & last rame		Springe a grown earth hitting
		Į	Address (number, street, and apt. no.)			
\$	550	PT	600 PINE HOLLOW R	OAD 14-5A		
			City, state, and ZIP code. (If a foreign add		tate, postal cod	s, and country.)
		1	EAST NORWICH, NY	11732		
For Pa	perwork Reduction Ac	# Not	tice, see instructions on page 5.			
				Tear off hare.		
				Estimated T	ar Daim	ments to:
				rnal Revenue		
	4040 50			Box 162	SELATO	, .
Form	1040-ES	ł		rk, NJ 07101	-0162	
Decerto	nent of the Treasury	-	1999 Payment 2 Newa	IK, NO UITUI	-0102	OMB No. 1545-0087
internal	Revenue Service	1			Calendar v	rear - Due June 15, 1999
File on	ly if you are maiding a p	аупля	ant of astimated tax. Return this your	EDET WITH CHOCK		
or mor	ney order payable to the	2 TURS	ited States Treasury." Please with 040-ES" on your check or money or	tier. Do not		
securit send c	y mulmoerana 1939 ro ash. Enclosa, but do na	ot sta	ple or attach, your payment with this	voucher.		
			Your first name and initial	Your last name		Your social security number
		- }	SYLVIA M	SAMUELS		•
		P	If joint payment, complete for spouse	21210220		· . —
		Ė	Spouse's first name and initial	Spouse's last name	_	Spouss's social security number
,	Amount of payment	A SE				
		1 7	Address (number, street, and apt. no.)			
_	FFO	T N	600 PINE HOLLOW R	OAD 14-5A		
₹			IOOO LIMB HONDON''		-1	in and country)
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only if you are making	a payme	nt of estimated tax. F	Regulti unis voucie v Plogga write v	er with check mur social		<u>. </u>
i only if you are making money order payable to curity number and "1999						
ounty number and 1999 and cash. Enclose, but do	noor stau	ole or attach, your pa	yment with this v	oucher.		
	- III I	Your first name and initi		Your last name		Your social security number
	1	SYLVIA M		SAMUELS		<u></u>
	P _	If foint payment, comple	ete for spouse			
Amount of payment	E A P	Spouse's first name and		Spouse's last name	-	Spause's social security number
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550	ř T	600 PINE F	HOLLOW RO	AD 14-5A		
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		EAST NORW	ICH, NY 1	1732		
		iles see Instruction	se on pade 5.			
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epertment of the Treasury ternal Reverse Service. The only if you are making a money order payable to the service and the ser	a paym	Payment 1999 Vouchel ant of astimated tax. whited States Treasur 040-ES" on your che uple or attach, your p	Mail Inter P.O. It Newar Return this vouch ry." Please write eck or money ord ayment with this v	Estimated Tral Revenue Box 162 k, NJ 07101 her with check your sociel er. Do not your last ranve	Servi -0162	ON B No. 1545-00
epertment of the Treasury ternal Reverse Service. The only if you are making a money order payable to the service and the ser	a paym	Payment 1999 Vouchel ant of astrnated tax. thed States Treasur 040-E5" on your phone or attach, your phone and inf SYLVIA M	Mail Inter P.O. It Newar Return this vouch ry." Please write eck or money ord ayment with this v	Estimated Tral Revenue Box 162 k, NJ 07101 mer with check your social er. Do not yourcher.	Servi -0162	OMB No. 1545-00 r year - Due Jan. 18, 2006
epartment of the Treasury ternal Reverue Service. Ile only if you are making a money order payable to	j a paymo the "Use 9 Form 1 to not sta	Payment 1999 Vouchel ant of astimated tax. whited States Treasur 040-ES" on your che uple or attach, your p Your first name and inf SYLVIA M If joint payment, comp	Mail Inter P.O. It Newar Please write eck or money ord ayment with this v	Estimated Tral Revenue Box 162 k, NJ 07101 mer with check your sociel er. Do not yourcher. Yourlast name SAMUELS	Servi -0162	OMB No. 1545-00 Tyear - Due Jan. 18, 2000 Your social security number
epertment of the Treasury ternal Reverse Service. The only if you are making a money order payable to the service and the ser	j a paymo the "Use 9 Form 1 to not sta	Payment 1999 Vouchel ant of astrnated tax. thed States Treasur 040-E5" on your phone or attach, your phone and inf SYLVIA M	Mail Inter P.O. It Newar Please write eck or money ord ayment with this v	Estimated Tral Revenue Box 162 k, NJ 07101 her with check your sociel er. Do not your last ranve	Servi -0162	OMB No. 1545-00 r year - Due Jan. 18, 2006
apartment of the Treasury ternal Revenue Service like only if you are making r money order payable to ecurity number and *199 and cash. Enclose, but o	a paymo the "Us 9 Form 1 to not sta	Payment 1999 Vouchel ant of astimated tax, atted States Treasur 040-ES" on your che uple or attach, your p Your first name and inf SYLVIA M If joint payment, comp Spouss's first name and	Mail Inter P.O. It Newar Please write eck or money ord ayment with this to	Estimated Tral Revenue Box 162 k, NJ 07101 mer with check your sociel er. Do not yourcher. Yourlast name SAMUELS	Servi -0162	OMB No. 1545-00 Tyear - Due Jan. 18, 2000 Your social security number
eperiment of the Treasury sernal Revenue Service lie only if you are making r money order payable to ecurity number and *199 and cash. Enclose, but of Amount of payment	p a paymo the "Us G Form 1 ico not sta	Payment 1999 Vouchel ant of estimated tex. whited States Treasur 040-E5" on your che uple or attach, your p Your first name and inf SYLVIA M If joint payment, comp Spouse's first name and Address (number, stream)	Mail Inter P.O. It Newar Please write eck or money ord ayment with this v idal set, and apt. no.) HOLLOW RO	Estimated Traal Revenue Box 162 k, NJ 07101 mer with check your sociel er. Do not yourcher. Your last name SAMUELS Spouse's last name	Servi	OMB No. 1545-00 Year - Due Jan. 18, 2000 Your social ascurity number Spouse's social security number
apartment of the Treasury ternal Revenue Service like only if you are making r money order payable to ecurity number and *199 and cash. Enclose, but o	p a paymo the "Us G Form 1 ico not sta	Payment 1999 Vouchel ant of estimated tex. whited States Treasur 040-E5" on your che uple or attach, your p Your first name and inf SYLVIA M If joint payment, comp Spouse's first name and Address (number, stream)	Mail Inter P.O. It Newar Please write eck or money ord ayment with this v idal set, and apt. no.) HOLLOW RO	Estimated Traal Revenue Box 162 -k, NJ 07101 mer with check your social er. Do not yourcher. Yourlast ranna SAMUELS Spouse's last name	Servi	OMB No. 1545-00 Year - Due Jan. 18, 2000 Your social ascurity number Spouse's social security number
eperiment of the Treasury sernal Revenue Service lie only if you are making r money order payable to ecurity number and *199 and cash. Enclose, but of Amount of payment	p a paymo the "Us G Form 1 ico not sta	Payment 1999 Vouchel ant of estimated tex. whited States Treasur 040-E5" on your che uple or attach, your p Your first name and inf SYLVIA M If joint payment, comp Spouse's first name and Address (number, stream)	Mail Inter P.O. It Newar Return this vouch ry." Please write eck or money ord asyment with this v ida iet, and apt. no.) HOLLOW RO ida, (if a foreign addr	Estimated Traal Revenue Box 162 k, NJ 07101 ber with check your sociel er. Do not your last name SAMUELS Spouse's last name OAD 14-5A ass, enter city, province or	Servi	OMB No. 1545-00 Year - Due Jan. 18, 2000 Your social ascurity number Spouse's social security number

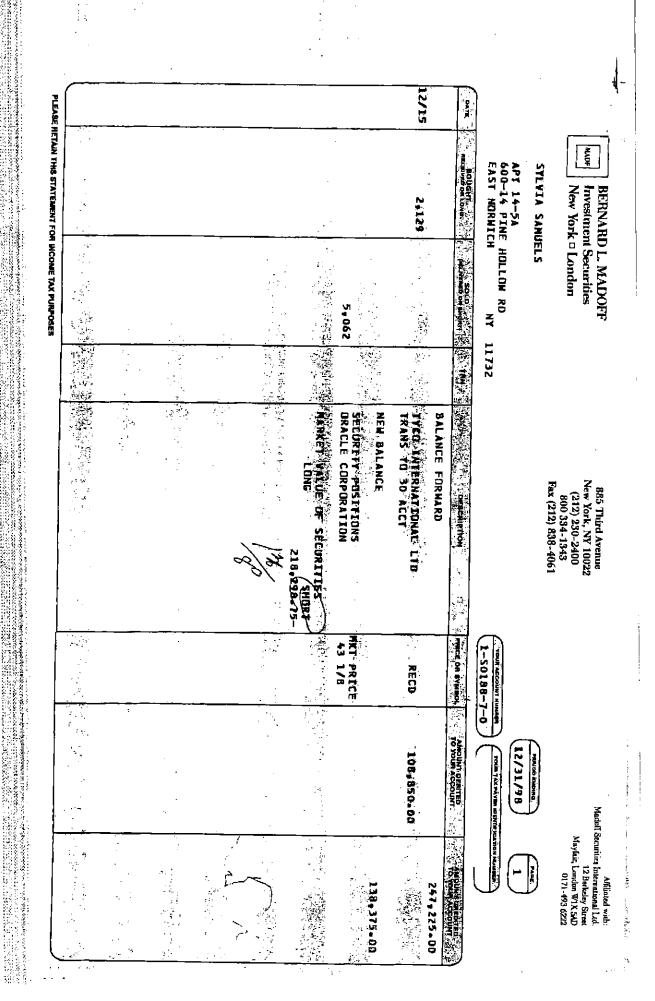
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UDBUS Antonia service (se)			2 Enter the first tour letters of your leat name 3 Enter your social security muni	1998	
. S	2,181	<u>.</u>	S A M U		
If a joint retu return		lown second on that	5 Enter your name(s) SYLVIA M SAMUELS		
			Enter your address 600 PINE HOLLOW ROAD 14~5A Enter your city, state, and ZIP code		
			EAST NORWICH, NY 11732	- 	

Make your check payable to the "United States Treasury" and mail Form 1040-V payments with your return to:

Internal Revenue Service P.O. Box 1187 Newark, NJ 07101-1187

Fite only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "United States Treatury." Please write your social security number, daytime phone number, and "1998 Form 1040" on your check or money order. Please do not send cash. Enclose, but do not staple or attach, your payment with this voucher.



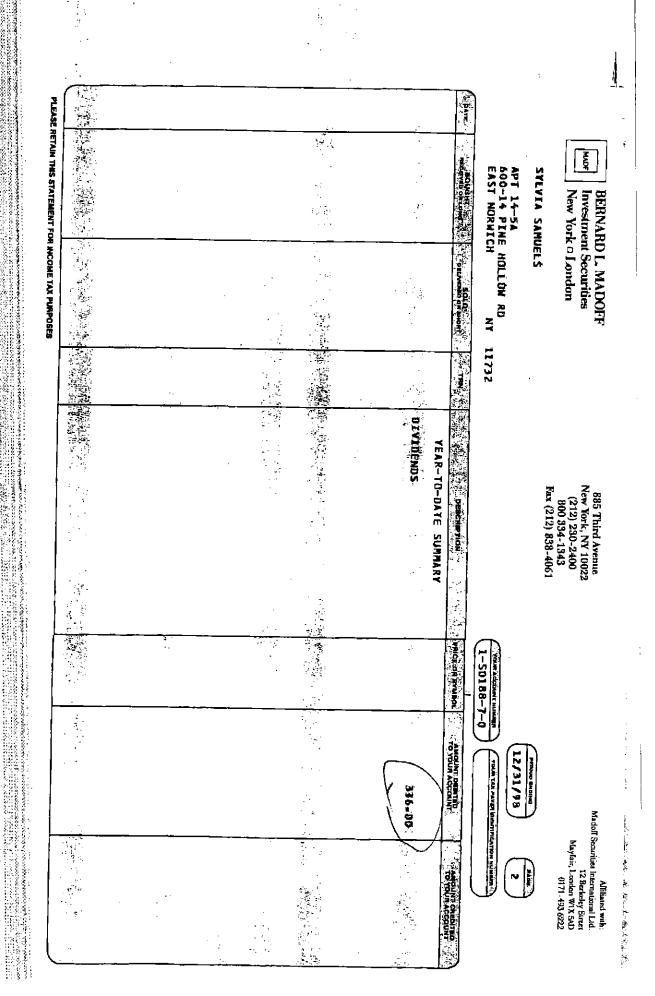


Exhibit D

1040	Department	s of the Transpory - Informal Revenue Service Individual Income Tax Re	eturn 1999		IRS Use Only - Do not	wite or dani	a in this ex	<u> </u>	
4				(99) , 1999, anding	INS DEED ONLY TO THE			MB No. 1545-007	74
_abel		year Jan. 1 - Dec. 31, 1999, or other tax year boginns ast name and initial	Last name			Yo	er guniul Sr	manity number	-
		LVIA M SAMUELS							i
See L Instructions A in page 18.) B		Trehum, spouse's first name and initial	Last name			Sp	ouse's 400	SAI Security mumb	 Feb
papatan IRS L	ļ	address (number and street). If you have a P.O. box,			Apt. ng.		A IM	PORTANT	1 🔺
atiel. Xherwisa, E		O PINE HOLLOW ROAD				1		u must enter	_
desse print R r type. E	60	own or post office, state, and ZIP code. If you have a	toreign address, see page 18.					SSN(s) abov	
	-					Y	es No	Note: Checkin	ng "Yas"
Presidential		ST NORWICH, NY 11732 you want \$3 to go to this fund?	<u> </u>				X	will not change	B your
Election Campaig	iu 🕨 D	you want \$3 to go to this tund?			. ,	⊢	 	tax or reduce; refund.	your.
See page 18.)		a joint return, does your spouse want \$3 t	יים מומומו צווע פו ספים		<u> </u>			-1	
	1	X Single	1 1 (2						
Filing Status	2	Married filling joint return (even if o	nly one had income)		-				
•	3	Married filing separate return. Ente	er spouse's soc. sec. no. a	above & Tuil	name nere ►_				
Check only	4	Head of household (with qualifying	g person). (See page 18.)	if the quality	ring person is a cr	ilia but not	your des	penoent,	
one box.		enter this child's name here	<u> </u>						
	5	Qualifying widow(er) with dependent	ant child (year spouse die:	▶ 19). (See page				
Exemptions	58	Yourself. If your parent (or someor return, do not check box	ve else) can claim you as : : 6a	a dependen	ton his or her tax		che	, of boxes sched on	
•	ъ	☐ Spouse						end 6b	
		Dependents:	(2) Dependent's social		pendent's) Chie if quality hild for child b	FR Chil	. of your lidren on	
	_	(1) First Name Last name	security number	relations	ship to you co	dit (see page	19) Sc	wite:	
							•'	lived with you	
							Q .'	aid not live with u doe to divorce	
I more than six							or:	separation is page 19)	
dependents, see page 19.								· page (3)	
								pendents	
								Sc not tered above	
			<u> </u>					id numbers tered on	
	4	Total number of exemptions claimed	<u> </u>	,.,		<u></u>		es above 🕨	1
	7	Wages, salaries, tips, etc. Attach Form(s	s) W-2			. 7		21,04	
Income	ta	Taxable interest. Attach Schedule B if re	equired			. Ba		5,82	19
	b	Tax-exempt interest DO NOT include to	on line 8a	85			l		l l
4	9	Ordinary dividends. Attach Schedule B it	required			. 9		2,32	20
Altack Copy 8 of your	10	Taxable refunds, credits, or offsets of sta	ate and local income taxes	s (see page	21)	10	<u> </u>		
Forms W-2 and W-20 here.	-	Alimony received		,		11			
Also estach	11	Business income or (loss). Attach Sched	dule C or C-EZ			. 12			
Form 1899-R II Norway withhold.	12	Capital gain or (loss). Attach Schedule I	of required. If not require	d, check he	re ▶ 🗓	13		36,46	55 _
	13	Other gains or (losses). Attach Form 47	97						
	14]		ie amount (see pg.			4,13	38
	15 a	Total IRA distributions 15a		1 -	de amount (see pa	_	 		
	16a	Total pensions and annuities 16a Rental real estate, royalties, partnership	e Compositions trusts						\neg
∥you did not get a W-2,	17	Farm income or (loss). Attach Schedule	s, s corporations, trasta,	ow. Awar		. 18	†		
300 page 20.	18		F		,	19			
Enclose, but do not	19		6,822	L Taval	ole amount (see pg	· —	+	5,79	99
attach any payment. Also, please use	20a	Social security benefits 20a	0,022	J B Taxax	NC CONTROLLE (See 12)	21	 		-
Form 1040-Y.	21	Other income.		· · · · · · · · · · · · · · · · · · ·		▶ 22	 	75,59	99
	22	Add the amounts in the far right column			te likeoine		<u> </u>		-
	23	IRA deduction (see page 26)		23					
Adjusted	24	Student loan interest deduction (see page	ge 26) [24		+-	3		ł
Gross	25	Medical savings account deduction. Att	ach Form 8853	25		+-	2000		
Income	26	Moving expenses. Attach Form 3903		26		+-	3		
	27	One-half of self-employment tax, Attach	Schedule SE	27		+ -	Ž		
	28	Self-employed health insurance deduct	ion (see page 28)	28					
	29	Keegh and self-employed SEP and SIM	/IPLE plans	29		 	2		
	30	Penalty on early withdrawal of savings		30					}
	31a	Alimony paid. b Recipient's SSN ▶		31a			4		اء
	32	Add lines 23 through 31a				32			0
	33	Subtract line 32 from line 22. This is yo	ur adjusted gross Incom)B <u></u>	<u></u>	▶ 33		75,5	
								1/	040 m

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Form 1040 (19)	99) S?	ALVIA M SAMUELS		age 2
	34	Amount from line 33 (adjusted gross income)	34	75,599
Tax and	35	a Check it: X You were 65 or older, Li Blind; Li Spouse was 65 or older, Li Blind.	e paren	
Credits		Add the number of boxes checked above and enter the total here	- 📖	
	1	b If you are married filing separately and your spouse iterrizes deductions or you were		·
Standard Deduction	L	a dual-status alien, see page 30 and check here		,
for Most People	_ 36	Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked		45 046
Skright:		any box on line 35a or 35b or if someone can claim you as a dependent	35	45,246
\$4,300 Head of	37	Subtract line 36 from line 34	37	30,353
household:	38	If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d.		3 750
\$6,350		If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter Taxable Income, Subtract line 38 from line 37.	38	2,750
Married Sing jointly or			39	4,388
Qualitying widow(er):	40	Tax (see page 31). Check if any tax is from a Form(s) 8814 b Form 4972	- 40	4,300
\$7,200	41	Credit for child and dependent care expenses. Att. Form 2441 41	-	
Married Mino	42	Cigal for the enderly of the discussion remains an incident of the enderly of the discussion remains an incident of the enderly of the enderl		
separately	1	United to Clother (see plage cory)	-	
\$3,600L	J 44		-	
		ACCOUNT CIRCLE AND ASSESSMENT OF THE ACCOUNT OF THE	7	
	46	Other, Check if from a Form 3800 b Form 8396		
	47	c Form 8801 d Form (specify) 47		
		Add lines 41 through 47. These are your total credits	48	
	40	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-	49	4,388
	43 £6	Self-employment tax. Att. Sch. SE	50	
Other	51	Alternative minimum tax, Attach Form 6251	51	
Taxes	52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	. 52	
	53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	53	
	54	Advance earned income credit payments from Form(s) W-2	54	
	55	Household employment taxes. Attach Schedule H	55	
	56	Add lines 49 through 55. This is your total tax	▶ 58	4,388
Payments	57	Federal income tax withheld from Forms W-2 and 1099	_	
· cymena	58	1999 estimated tax payments and amount applied from 1998 return . 58 2,200	_	
	59	a Earned income credit. Att. Sch. EIC if you have a qualifying child.		
		b Nontaxable earned income: amt.		
		and type ▶ No 59a	_	
		Additional child tax credit. Attach Form 8812		
	61	Amount paid with request for extension to file (see page 48) 61	-	
	62	Excess social security and RRTA tax withheld tee page 48)	-	
	63	Other payments. Check if from a Form 2439 b Form 4136		٠
	- 6	Add lines 57, 58, 59a, and 60 through 63. These are your total payments	65	
Refund		Sa Amount of line 65 you want REFUNDED TO YOU	668	
	61	SS AMOUNT OF TIME 05 YOU WAS ILLES ONDED TO TOO		
Have It directly		b Routing number		
disposited! See page 48		b Housing named		
and fill in 66b. 68c. and 68d.		d Account number		
DOC, and DOG.	6	7 Amount of line 55 you want APPLIED TO 2000 ESTIMATED TAX > 67		
		If line 56 is more than fine 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE.		
Amount	•	For details on how to pay, see page 49	► <u>58</u>	267
You Owe	6	9 Estimated tax penalty. Also include on line 68		
Cian	11-	der penalises of penury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kin a, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge.	wiedge z	nd belief, they are
Sign Hara	tnu	L, correct, and complete. Declaration of preparer (one than tempsyal) is based by an information of which preparer to the control of the cont		
Hère Joint mhum?		Your signature Pour occupation		Daytime telephone number (optional)
See page 15.	7	TEACHING ASST		
Keep a copy for your	7	Spouse's signature. It a joint resum, BOTH must sign. Data Spouse's occupation		
records.	<u> </u>			Preparer's SSN or PTIN
		Date Chack if		- Input a terrait to
Paid .	_	HARRIS POLANSKY self-employed		11-3385923
Preparer's	Fig.	POLANSKY, KULBERG & CO., LLP ONE OLD COUNTRY ROAD	ZIP code	
Use Only	ये ह	ONE OLD COUNTRY ROAD CARLE PLACE, NY	TH- COOR	11514
		CARLLE FIRCE, NI		

SCHEDULES	A&B	Schedule A - Itemized Deductions	OMB No. 1545-0074
(Form 1940) Department of the Trees		➤ Attach to Form 1040. ➤ See Instructions for Schedules A and B (Form 1040).	Attachment 07
Internal Pervenue Service	= (9	9)	Sequence No. Your sucial security raymber
Name(s) shown on For		MITCI.C	: 1
	. DA	Caution: Do not include expenses reimbursed or paid by others.	,
Medical and	1	Medical and dental expenses (see page A-1) . Statement3 1 702	
Dental	2	Enter amount from Form 1040, line 34 2 75,599	
Expenses	3	Multiply line 2 above by 7.5% (.075)	_
	4_	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4 0
Taxes You	5	State and local income taxes	
Paid	5	Real estate taxes (see page A-2)	
	7	Personal property taxes	
(See page A-2.)	8	Other taxes. List type and amount	***
 ,	•		
		 	
•	9	Add lines 5 through 8	9 1,414
	10	Home mortgage interest and points reported on Form 1098	
Interest You Paid	11	Home mortgage interest not reported on Form 1098. If paid to the passon from	
(See	• •	whom you bought the home, see page A-3 & show that person's name, IO no. & address	
page A-3.)	>		
Note: Personal		 	
interest is		Points not reported on Form 1098. See page A-3	
ngt deductible.	12	i i	
	13	Investment interest. Attach Form 4952, if required. (See page A-4)	
·	14	Add lines 10 through 13	14 43,565
Giffs to	15	Gifts by cash or check. If any gift of \$250 or more, see pg. A-4. St 5 15 267	
Charity	16	Other than by cash or check, if any gift of \$250 or more, see page A-4.	
If you made a		You MUST attach Form 8283 if over \$500	
guit end gova. Demeilt for K.	17	Carryover from prior year	1a 267
889 page A-5,	18	Add lines 15 through 17	201
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19 0
		Unreimbursed employee expenses - job travel, union dues, job education,	
Job Expenses and Most Other	20	etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-5.)	
Miscellaneous)	TEACHING BOOKS & AIDS 125	
Deductions		Union & Professional Dues 122	
	21	Tax preparation fees	
	22	Office Sylven Deg - His Source will oder and and and and and and and and and and	
	•	--	
(Še4			
page A-5 for			
expenses to deduct here.)		247	[]
	23	Add lines 20 through 22	
	24	Enter amount from Form 1040, line 34 24 75,599	
	25 26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26 0
	26 27	Other - from ilst on page A-6. List type and amount	
Other Miscellaneous	4,1		
Deductions			_
			27 0
Total	26	Is Form 1040, line 34, over \$126,600 (over \$63,300 if married filing separately)?	
Itemized		☑ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36.	45,246
Deductions		Yes. Your deduction may be limited. See page A-6 for the amount to enter.	
		I I TEM. I DDI DEDUCACI) HELF DO MINAGO DOS PAGOS, O 101 P.S. SINDERS OF GINES.	

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Schedules A&B (Fr	om 1040) 1999	CMHI No. 1545-007	
Name(a) shown on	Form 1040. Do not enter name and social security number if shown on other side.	Your social	security number
	M SAMUELS		
<u> </u>	Schedule B - Interest and Ordinary Dividends		Attachment 08 :
	Note: If you had over \$400 in taxable interest, you must also complete Part III.		·—
Part I	HOW! II JOST INC. THE COLUMN TO THE COLUMN T		Amount
Interest			
(See page 8-1	1 List name of payer. If any interest is from a selfer-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security		
and the Instructions for	number and address		5,730
Form 1040,	BERNARD L MADOF		
line Sa.)	CFS		50
	EAB		25
	KEYBANK		24
Note: If you			
received a Form 1098-INT, Form		1	
1099-OID, or		}	
Substitute Statement from		_ <u>_</u>	
a brokerage firm,			
list the firm's name as the		-	-
payer and enter		1 F	
the total interest shown on that		- - -	
form.		1 F	
	4	1 -	
	==		5,829
	2 Add the amounts on line 1	··· -	
	3 Excludable interest on series EE and LU.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815	3	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	<u>▶ 4 }</u>	5,829
Part II	Note: If you had over \$400 in ordinary dividends, you must also complete Part III.		
Ordinary			Amount
Dividends	5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13.		
(See page 9-1 and the	BERNARD L. MADOFF	-	13,086
restructions for Form 1040.	BERNARD L. MADOFF SHORT DIVIDENDS		-10,766
ine 9.)	BERNARD D. PROOFF BROKE DIVIDEDO	 	
		- - }-	
	~	}	
		┤ }-	
		- 5	
Note: If you received a Form	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	╼╼┽╶├	
1099-DIV or		H	
Statement from			
a brokerage firm, list the			
firm's name as		-	
ine payer			
the ordinary dvidends shown		-	
on that form.		L	
	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9	🕨 6	2,320_
Part III	You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	nt; or	Yes No_
Foreign Accounts			
and	7a At any time during 1999, did you have an interest in or a signature or other authority over a financial acco	untin a toraign	
Trusts	country, such as a bank account, securities account, or other financial account? See page 8-2 for except requirements for Form TD F 90-22.1	Can and Ittig	Х
(San	requirements to 1 cm 12 1 cm		1
(Seq page 8-2.)	b If "Yes," enter the name of foreign country		p
•	B During 1999, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trus if "Yes," you may have to file Form 3520. See page 8-2		х
VEA FOR TISE	perwork Reduction Act Notice, see Form 1040 instructions.	Sched	ule B (Form 1040) 1999

SCHE	DULE	D
(Form	1040)	

Capital Gains and Losses

1999

15

16

Attach to Form 1040.

See Instructions for Schedule D (Form 1040).

Attachment

OMB No.1545-0074

12 Department of the Treasury Use Schedule D-1 for more space to list transactions for lines 1 and 8. Sequence No. mercal Revenue Service Your social sucurity number Name(s) shown on Form 1040 SYLVIA M SAMUELS Part 1 Short-Term Capital Gains and Losses - Assets Held One Year or Less (I) GAIN or (LOSS) (d) Sales price (c) Date sold (Mo., day, yr.) (b) Date acquired other basis tal Description of property (see page D-5) Subtract (e) from (d) (Mo., day, yt.) (see page D-5) (Example, 100 sh. XYZ Co.) DAIMLER CHRYSLER 36,465 124,355 4/06/99 160,820 12/10/99 0 300,000 1/07/99 300,000 US TREASURY Various SALE JOHNSON & JOHNSON SHORT 0 3/08/99 336,000 336,000 0 306,000 3/26/99 306,000 AT&T SHORT SALE 2 Enter your short-term totals, if any, from 2 Schedule D-1, line 2 3 Total short-term sales price amounts. 1,102,820 Add column (d) of lines 1 and 2 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 5 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1998 Capital Loss Carryover Worksheet 36,465 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (n) 28% PATE GAIN (a) Cost or other basis on GAIN or (LOSS) (d) Sales price (a) Description of property (Example, 100 sh. XYZ Co.) ic) Date sold (b) Date acquired OF BELLESSE Subtract (a) from (d) (Mo., day, yr.) (see cape D-5) (Mo., day, yr.) (see page D-5) Enter your long-term totals, if any, from 9 Schedule D-1, line 9 10 Total long-term sales price amounts. Add column (d) of lines 8 and 9 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; 11 and long-term gain or (loss) from Forms 4684, 6781, and 8824 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 Capital gain distributions. See page D-1

15 Combine lines 8 through 14 in column (g)

Next: Go to Part III on the back.

14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1998 Capital Loss Carryover Worksheet

16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)

^{* 28%} Rate Gain or Loss includes at l "collectibles gains and losses" (as defined on page D-5) and up to 50% of the eligible gain on qualified small business stock (see page D-4).

Sch	edule D (Form 1040) 1999 SYLVIA M SAMUELS		Page 2
-	ant III Summary of Parts I and II		
17	Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13	17	36,465
• ′	Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax if:		
	Both lines 16 and 17 are gains, and		i
	Form 1040, line 39, is more than zero.		
46	If fine 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses:		
1.0	● The loss on line 17; or		
	\$\infty\$ (\$3,000) or, if married filing separately, (\$1,500)	18 (i i
	Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the		
	Capital Loss Carryover Worksheet on page D-8 if:		***
	 The loss on line 17 exceeds the loss on line 18, or 		
_	● Form 1040, line 37, is a loss.		
	art IV Tax Computation Using Maximum Capital Gains Rates		
19	Enter your taxable income from Form 1040, line 39	19	
20	Enter the smaller of line 16 or line 17 of Schedule D		
21	If you are filing Form 4952, enter the amount from Form 4952, line 4e		
22	Subtract line 21 from line 20. If zero or less, enter -0-		
27	Combine lines 7 and 15. If zero or less, enter -0-		
24	Enter the smaller of line 15 or line 23, but not less than zero		
27	Enter your unrecaptured section 1250 gain, if any, from line 16 of the worksheet on page D-7 25		
20	Add lines 24 and 25		
<i>2</i> 0	Subtract line 26 from lins 22. If zero or less, enter -0-	27	
27	Subtract line 27 from line 19. If zero or less, enter -0-	28	
29	Enter the smaller of:		
	The amount on line 19, or \$25,750 if single; \$43,050 if married filing jointly or qualifying widow(er);	29	
	\$21,525 if married filing separately; or \$34,550 if head of household	***	
30	Enter the smaller of line 28 or line 29	-	
31	Subtract line 22 from line 19. If zero or less, enter -0-	-	
32	Enter the larger of line 30 or line 31	33	
33	Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies	33	·
	Note: If line 29 is less than line 28, go to line 38.		
34	Enter the amount from line 29		
	Enter the amount from line 28	-	
	Subtract line 35 from line 34. If zero or less, enter -0-	2330	
37	' Multiply line 36 by 10% (.10)	37	
	Note: If line 27 is more than zero and equal to line 36, go to line 52.		
36	Enter the smaller of line 19 or line 27	-	
3.5	Enter the amount from line 36	-	
ю		200	
F1	Multiply line 40 by 20% (.20)	41	
	Note: If fine 25 is zero or blank, skip lines 42 through 47 and read the note above line 48.		
12	Enter the smaller of line 22 or line 25	-	
L3	Add lines 22 and 32		
- 14	Enter the amount from line 19		
5	Subtract line 44 from line 43. If zero or less, enter -0-	_	
16	Subtract line 45 from line 42. If zero or less, enter -0-		
17	7 Multiply line 46 by 25% (.25)	47	
	Note: If line 24 is zero or blank, go to line 52.		
HE.	Enter the amount from line 19	_	
19	Add lines 32, 36, 40, and 46		
ic	Subtract line 49 from line 48		
it	Muttiply line 50 by 28% (.28)	51	
i de	2 Add lines 33, 37, 41, 47, and 51	52	
13	Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	
-	Visit to the second of the sec		
4	Tax on all taxable income including capital pains. Enter the smaller of line 52 or line 53 here and on Form 1040, line 40	. 54	Q

	Investment Interest Expense Deduction	- }-	OMB No. 1545-0191
Form 4952	Investment interest Expense beddenon	Ì	1999
Department of the Treasury	➤ Attach to your tax return.		Attachament Sequence No. 72
Innemal Revenue Service (99)] Name(s) shown on return		Identi	lying number
SYLVIA M SAMUE	XLS		
Part I Total Invest	ment Interest Expense		
	se paid or accrued in 1999. See instructions	1	34,595
2 Disallowed investment into	erest expense from 1998 Form 4952, line 7	2	8,970
3 Total Investment Interes	at expense. Add lines 1 and 2	3	43,565
Part II Net Investr	nent Income		
4a Gross income from proper investment)	rty held for investment (excluding any net gain from the disposition of property held for	4 a	8,149
b Net gain from the disposit	ion of property held for investment		
	disposition of property held for investment		
d Subtract line 4c from line	4b, if zero or less, enter -0-	4d	36,465
a Estar all ar part of the arm	ount on line 4c, if any, that you elect to include in investment income. Do not enter more b. See instructions	4e	
f Investment income. Add i	ines 4a, 4d, and 4e. See instructions	41	44,614
5 Investment expenses. Se	e instructions	5	
8 Net investment income	Subtract line 5 from line 4f. If zero or less, enter -0-	6	44,614
Part III Investment	Interest Expense Deduction		
7. Displaying investment in	terest expense to be carried forward to 2000. Subtract line 6 from line 3, if zero or less,	7	0
R invectment interest ex	pense deduction. Enter the smaller of line 3 or 8. See instructions	8	43,565

1999	Federal S	Statements				Page	
Client 2063 SYLVIA M SAMUELS							
3/21/00						08:42 pr	
Statement 1 Form 1040 Wage Schedule							
Taxpayer - Employer	Wages	Federal W/H	FICA	Medi- care	State W/H	Local W/H	
GT NECK PUB SCH Grand Total	21,048	1,921 1,921	1,345	315 315	598 598	0	
Statement 2 Form 1040 IRA Distribution Schedule	- 	Total Received	Taxal Amou		deral	State W/H	
Taxpayer - Payer			·		 —		
CHARLES SCHWAB Gra	nd Total	4,138		138	0	0	
Statement 3 Schedule A, Line 1 Medical and Dental Expenses Insurance Premiums				Tota	. <u>\$</u> al <u>\$</u>	702 702	
Statement 4 Schedule A, Line 13 Investment Interest BERNARD MADOFF Investment Interest Carryon	 ær				\$ <u>\$</u>	34,595 8,970 43,565	
Statement 5 Schedule A, Line 15 Contributions by Cash or Check MISCELLANEOUS ORGANIZED CHA	ARITIES			Tot	\$ al \$	267 267	

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- 1040-ES		E	P.O. Box 162		
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epartment of the Treasury Hontal Revenue Service	2	000 Voucher 1			OMB No. 1545-008
To only if you are making a	navmei	nt of estimated tax by check of	or money order. Mail this	Calendar	year - Due April 17, 2000
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not send cash. Enclose, but	do not s	taple or attach, your payment	with this voucher.		
		Your first name and initial	Your last name		Your social security number
		SYLVIA M	SAMUELS		
Enter the amount you	P L o	If joint payment, complete for apoust	6		_
are paying by check or money order	EA P	Spouse's first name and initial	Spouse's lest name		Spouse's social security number
	7 3	Address (number, street, and apt. no	<u> </u>		<u> </u>
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		EAST NORWICH,	NY 11732		
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		- E	City, state, and ZIP code (if a foreign address	ess, enter city, province or state, postal coo	de, and country.)
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	or Privacy Act and Pa	perwo	ork Reduction Act Notice, see in	nstructions on page 5.	
form Depártme	1040–ES		Mai P. C Payment	nstructions on page 5.	
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08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 61 of 152

2 Enter the first four letters of your last name 3 Enter your social security number or money order \$ 267 4 If a joint return, enter the SSN shown second on that return \$ SYLVIA M SAMUELS Enter your address \$ 600 PINE HOLLOW ROAD 14-5A Enter your city, state, and ZIP code	1040—V speriment of the Treesury serial Revenue Service (99)	,	Payment Voucher Do not staple or attach this voucher to your payment.	1999
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Enter your city, state, and CIP code	return		SYLVIA M SAMUELS	
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EAST NORWICH, NI 11/32			EAST NORWICH, NY 11732	
	•			
•			Cut along the dotted line.	

Make your check payable to the "United States Treasury" and mail Form 1040-V payments with your return to:

Internal Revenue Service P.O. Box 1187 Newark, NJ 07101-1187

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number, daytime phone number, and "1999 Form 1040" on your check or money order. Please do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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	bo		•		(with qualifying person)					r: (see page 15)	
	i	(4)	nead on	OUSE, CAL	(MIR) drawith will beneat it					000?	
		(5)	Qualitying	widow(er)	with dependent child					on 1/1/2000?	
\ F=	deral income	<u> </u>			hrough 18 below, ent	er vour in	come ite	ms		Dolla	
	Wages, salari			nd total ad	ustments as they app	ear on ye	our feder	a	. 1.		21,048.
	Taxable intere		i re	eturni (see)	page 16). Also, see in	structions	s on page	: 16	. 2		5,829.
3	Ordinary divid	lands	K	ar showing		·			- 3		2,320.
4	Taxable retun	ds, credits, or	offsets of state	and local i	ncome taxes (also ente	ron line 2:	3 below)		· 4.		. •
2	Alimony receiv	vori .							5.		<u> </u>
6	Business Inco	me or loss (at	tach copy of fe	deral Sched	tule C or C-EZ, Form 1	040)			6.		36,465.
7	Capital gain o	r loss (if requir	ed, attach cop	y of federal	Schedule D, Form 104	0)		• • • • • • • • • • • • • • • • • • • •	7.		38,463.
8	Other gains o	r losses (attaci	h copy of fede	ral Form 47	97)	,,			9.		4,138.
									10.		1,130.
10	Taxable amou	unt of pensions	and annuities								<u>-</u>
11	Rental real es	itate, royalties,	partnerships,	S corporate	ons, trusts, etc. (attach F, Form 1040)	copy or re	Deray Sur	. Щ годин точој	12.		
12	Farm income	or loss (attach	CODY OF TRUE	al Schladinia	r, ruin 1040)				13.		
13	Unemployme	nt compensation	DN	(also eater	on line 25 below)		• • • • • • • • • • • • • • • • • • •		14.	• • • • • • • • • • • • • • • • • •	5,799.
				(CLIST OF ILOT					15.		
15	Other income	i(see page 1/) www.sh 1⊑	' 					,,	16.		75,599.
	Total federal								17.		
1 / 1 #	Cubicasi isa	edjustikitikiti 17 from line	16. This is vo	our federal	adjusted gross incom	1 c		- • • • • • • • • • •	18.		75,599.
	W York addit				,						
19	Interest incom	ne on state an	d local bonds a	and obligation	X1S (but not those of NY 5	itate or its loc	cal povernme	inta)	19.		
20	Public emolo	vee 414(h) reti	rement contrib	utions from	your wage and tax stal	ements (s	ee page 1	B)	. 20.		651.
	Other (see pa								21.	-	
22	Add lines 18	through 21					• • • • • • • •		22.		76,250.
Ne	ew York subt	ractions: (s	ee page 21)								
23	Taxable refur	nds, credits, or	offsets of state	e & local in	come taxes (in 4 above	23.			ᆚ┌		٦
24	Pensions of I	NYS & local go	vernments & 1	iederal gove	emment (see page 21)	. 24.			; '		'
25	Taxable amo	unt of social s	ecurity benefit	(from line	14 above)	. 25.		5,799			ı
26	Interest incor	me on U.S. go	vernment bond	ts		26.		5,730			
27	Pension and	annuity incom	e exclusion .	<u> </u>		27.	·	4,13	<u>' - </u>	19	99
28	Other (see p	age 21)	<u> </u>			28,					15,667.
29									29.	<u> </u>	10,001.
30	Subtract line	e 29 from line	22. This is y	our New Y	ork adjusted gross in	come (ent	ter the line	30 amount	30.		60,583.

08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 63 of 152

•	
Tax computation (see page 25) SYLVIA M SAMUELS IT-201 (1999) (back)	
31 Enter the amount from time 30 on the front page (this is your New York adjusted gross income)	60,583.
32 Enter the larger of your standard deduction (from pg 25) or your itemized deduction (from Form IT-201-ATT,	
Part I, line 14; attach form). Mark an "X" in the appropriate box Standard Itemized	32. 43,832.
33 Subtract line 32 from line 31	16,751.
34 Exemptions for dependents only (not the same as total federal exemptions; see page 25)	34. ,000. '
35 Subtract line 34 from line 33. This is your tatable income	35. 16,751.
36 NY State tax on line 35 amount (use red MRYState Text Textities on page 57; if line 31 is more than \$100,000, see page 25)	35. 783.
36 NY State tax on line 35 amount (use no arrange layers 1975)	
New York State credits and other taxes (see page 26)	37.
31 New York State Horse lock create (not), making his and the second	38. 783
38 Subtract line 37 from line 36 (if line 37 is more than line 36, leave blank)	
	39.
40 Subtract line 39 from line 38 (if line 39 is more than fine 38, leave blank)	783.
41 Net other New York State taxes (from Form IT-201-ATT, Part II, line 32; attach form)	141.
42 Add lines 40 and 41. This is the total of your New York State taxes	783.
City of New York and City of Yonkers taxes and credits	4
43 City of NY resident tax (use the ConycleMYThan Tables on white pages 65-72)	_
44 City of New York household credit (from table IV, V or VI, page 27)	
45 Subtract line 44 from line 43 (if line 44 is more than line 43, leave blank) 45.	See instructions on page 26
46 Other city of New York taxes (from Form IT-201-ATT, Part III, line 37; attach form) 45.	through 30 for figuring city of New York and city of Yonkers
47 Add lines 45 and 46	taxes, credits, and tax
48. City of NY nonrefundable credits (from Form IT-201-ATT, Part N, line 56)	surcharges.
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)]
50 City of New York nonresident earnings tax (attach Form NYC-203)	7
51 City of York rankers resident income tax surcharge (see page 28)	7
52 City of Yorkers resident earnings tax (attach Form Y-203)	╡ .
52 City of Yonkers nonresident earnings tax (attack) form Sart-year city of Yonkers resident income tax surcharge (attack) Form (7-360.1) 53.	
53 Part-year city of Yonkers resident incurrie as salched by [alast terms desty of Yonkers taxes] 54 Add lines 49 through 53. This is the total of your city of New York and city of Yonkers taxes	54.
54 Add lines 49 through 53. This is the total of your city of New York and cay of Yorks a date of the control o	
Voluntary gifts/contributions (whole dollar amounts only; see page 29) 55 Return a Gift to Wildlife I w Missing/Exploited Children Fund I c	
33 Material Carlos Villages	
	. 배도도.
Breast Cancer Research Fund b Olympic Fund contributions	155
56 Add lines 42, 54, and 55. This is your total NY State, New York City and Yonkers taxes, and gifts/contributions	155
56 Add fines 42, 54, and 55. This is your total NY State, New York City and Yonkers taxes, and gifts/contributions Payments and refundable credits (see page 29)	56. 783.
56 Add fines 42, 54, and 55. This is your total NY State, New York City and Yorkers taxes, and gifts/contributions Payments and refundable credits (see page 29) 57 NY State child and dependent care credit (from Form IT-218; stach form)	<u> </u>
56 Add fines 42, 54, and 55. This is your total NY State, New York City and Yorkers taxes, and gifts/contributions Payments and refundable credits (see page 29) 57 NY State child and dependent care credit (from Form IT-216; steach form) 58.	56. 783.
56 Add fines 42, 54, and 55. This is your total NY State, New York City and Yorkers taxes, and gifts/contributions Payments and refundable credits (see page 29) 57 NY State child and dependent care credit (from Form IT-218; stach form) 58 NY State earned income credit (from Form IT-215; attach form) 59 Real property tax credit (from Form IT-214, line 17; attach form)	Mail your completed return to: STATE PROCESSING CENTER
56 Add fines 42, 54, and 55. This is your total NY State, New York City and Yorkers taxes, and gifts/contributions Payments and refundable credits (see page 29) 57 NY State child and dependent care credit (from Form IT-218; stech form) 58 NY State earned income credit (from Form IT-215; attach form) 59 Real property tax credit (from Form IT-214, line 17; attach form) 59 City of NY school tax credit (also complete (E) on front; see page 29)	Mail your completed return to: STATE PROCESSING CENTER PO BOX 61000
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56 Add fines 42, 54, and 55. This is your total NY State, New York City and Yorkers taxes, and gifts/contributions Payments and refundable credits (see page 29) 57 NY State child and dependent care credit (from Form IT-216; steach form) 58 NY State earned income credit (from Form IT-215; attach form) 59 Real property tax credit (from Form IT-214, line 17; attach form) 59. 60 City of NY school tax credit (also complete (E) on front; see page 29)	Mail your completed return to: STATE PROCESSING CENTER PO BOX 81000 ALBANY, NY 12261-0001 Staple your wage and tox
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Payments and refundable credits (see page 29) 57 NY State child and dependent care credit (nom Form IT-215; attach form) [57] 58 NY State earned income credit (from Form IT-215; attach form) [58] 59 Real property tax credit (from Form IT-214, line 17; attach form) [59] 60 City of NY school tax credit (also complete (E) on front; see page 29) [60] 61 Other refundable credits (from Form IT-201-ATT, Part IV, line 67) [61] 62 Total New York State tax withheld [62] [63] 63 Total city of New York tax withheld [64] 64 Total city of New York tax withheld [64] 65 Total of estimated tax payments, and amount paid with extension Fm IT-370 [65] [76] 66 Add Rines 57 and 65. This is the total of your payments 67 Subtract line 66 is more than line 56, figure your retund: (see page 32) 68 Amount of line 67 that you want refunded to you extended to your 2000 estimated tax. (Do not include any amount that you delimed as a refund on line 58). figure the amount you owe: (See page 37) 69 Estimated tax only Amount of line 67 that you want applied to your 2000 estimated tax. (Do not include any amount that you delimed as a refund on line 58). figure the amount you owe: (See page 37) 70 Subtract line 66 from line 56. This is the amount you owe. (Make check or money order payable to NYSBasedicoomed Eax; write your social security number and 1999 1999 1999 1999 1999 1999 1999 19	Mail your completed return to: STATE PROCESSING CENTER PO BOX 81000 ALBANY, NY 12261-0001 Staple your wage and tax statements at the top of the back of this return. 66. 958. 67. 175. 68. 175. 68. 175. 5 You can choose to have your returnd sent directly to your bank account. See instructions and fill in times 68a, b, and c. See Step 7, page 35, for the proper assembly of your return and attachments. 70. Sign your return below.
Feature of the served to the s	Mail your completed return to: STATE PROCESSING CENTER PO BOX 81000 ALBANY, NY 12261-0001 Staple your wage and tax statements at the top of the back of this return. 66. 958. 67. 175. 68. 175. 68. 175. 5 You can choose to have your returnd sent directly to your bank account. See instructions and fill in times 68a, b, and c. See Step 7, page 35, for the proper assembly of your return and attachments. 70. Sign your return below.
Featund - If line 66 is more than line 55, figure your refund: 83. Add lines 42, 54, and 55. This is your total NY State, New York City and Yonkers taxes, and gifts/contributions. Fayments and refundable credits. See page 29) 57. NY State child and dependent care credit. (from Form IT-215; attach form). 58. NY State earned income credit (from Form IT-215; attach form). 59. Real property tax credit (from Form IT-214, line 17; attach form). 50. City of NY school tax credit (also complete (E) on front; see page 29). 60. City of NY school tax credit (also complete (E) on front; see page 29). 61. Other refundable credits (from Form IT-201-ATT, Part IV, line 67). 62. 598. 63. Total New York State tax withheld. 64. 65. Total of estimated tax withheld. 65. Total of estimated tax payments, and amount paid with extension Fm IT-370. 66. Add lines 57 and 65. This is the total of your payments. Refund. If line 66 is more than line 56, figure your refund: 67. Subtract line 56 from line 65. This is the amount you overpaid. 68. Amount of line 67 that you want refunded to you. 69. Estimated tax only. Amount of line 67 that you want applied to your 2000 estimated tax. (Do not include any amount that you defined as a minuful on line 69. 70. Subtract line 66 from line 56. This is the amount you ower. 71. Estimated tax penalty (Include this amount you ower. 72. Lauthorize the Tax Department to discuss this return with the paid preparer isseed below. (Mark the Yes or No box. Paid preparer's Preparer's signature.) 72. Lauthorize the Tax Department to discuss this return with the paid preparer issted below. (Mark the Yes or No box. Paid preparer's Preparer's signature.)	Mail your completed return to: STATE PROCESSING CENTER PO BOX 81000 ALBANY, NY 12261-0001 Staple your wage and tax statements at the top of the back of this return. 66. 958. 67. 175. 68. 175. 68. 175. 5 You can choose to have your returnd sent directly to your bank account. See instructions and fill in times 68a, b, and c. See Step 7, page 35, for the proper assembly of your return and attachments. 70. Sign your return below.
Payments and refundable credits (see page 29)	Mail your completed return to: STATE PROCESSING CENTER PO BOX 61000 ALBANY, NY 12261–0001 Staple your wage and tax statements at the lop of the back of this return. 66. 958. 67. 175. 68. 175. 68. 175. 69. 175. 69. 175. 60. 175. 60. 175. 60. 175. 60. 175. 61. 175. 62. 175. 63. 175. 64. You can choose to have your returnd sent directly to your bank account. See instructions and fill in times 68a, b, and c. See Step 7, page 35, for the proper assembly of your return and attachments. 70. 170. 170. 170. 170. 170. 170. 170. 1
See page 29 See page 29	Mail your completed return to: STATE PROCESSING CENTER PO BOX 61000 ALBANY, NY 12261–0001 Staple your wage and tax statements at the lop of the back of this return. 66. 958. 67. 175. 68. 175. 68. 175. 69. 175. 69. 175. 60. 175. 60. 175. 60. 175. 60. 175. 61. 175. 62. 175. 63. 175. 64. You can choose to have your returnd sent directly to your bank account. See instructions and fill in times 68a, b, and c. See Step 7, page 35, for the proper assembly of your return and attachments. 70. 170. 170. 170. 170. 170. 170. 170. 1
### Payments and refundable credits (see page 29) ### Payments and refundable credits (see page 29) ### Payments and refundable credits (see page 29) ### Payments and refundable credit (from Form IT-215, stach form) ### Payments and refundable credit (from Form IT-215, stach form) ### Payments and refundable credit (from Form IT-215, stach form) ### Payments and refundable credit (from Form IT-215, stach form) ### Payments and refundable credit (from Form IT-215, stach form) ### Payments and refundable credit (from Form IT-215, stach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-215, stach form) ### Payments and refundable credits (from Form IT-215, stach form) ### Payments and refundable credits (from Form IT-215, stach form) ### Payments and refundable credits (from Form IT-215, stach form) ### Payments and refundable credits (from Form IT-215, stach form) ### Payments and refundable credits (from Form IT-215, stach form) ### Payments and refundable credits (from Form IT-215, stach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) ### Payments and refundable credits (from Form IT-214, line 17; attach form) #	Mail your completed return to: STATE PROCESSING CENTER PO BOX 61000 ALBANY, NY 12261–0001 Staple your wage and tax statements at the lop of the back of this return. 66. 958. 67. 175. 68. 175. 68. 175. 69. 175. 69. 175. 60. 175. 60. 175. 60. 175. 60. 175. 61. 175. 62. 175. 63. 175. 64. You can choose to have your returnd sent directly to your bank account. See instructions and fill in times 68a, b, and c. See Step 7, page 35, for the proper assembly of your return and attachments. 70. 170. 170. 170. 170. 170. 170. 170. 1
Payments and refundable credits (see page 29) 57 NY State child and dependent care credit (from Form IT-215, stach form) 58 NY State emed income credit (from Form IT-215, stach form) 59 Real property tax credit (from Form IT-214, line 17; attach form) 50 City of NY school tax credit (from Form IT-214, line 17; attach form) 50 City of NY school tax credit (also complete (E) on front; see page 29) 61 Other refundable credits (from Form IT-214, line 17; attach form) 62 Total New York State tax withheld 63 Total city of New York State tax withheld 64 Total city of Yonkers tax withheld 65 Total of estimated tax payments, and amount paid with extension Fm IT-370 66 Add Rines 67 and 65. This is the total of your payments 67 Subtract line 66 is more than line 56, figure your refund: 68 Arount of line 67 that you want refunded to you 69 Estimated tax only Amount of line 67 that you want applied to your 2000 estimated tax. 69 Estimated tax only Amount of line 67 that you want applied to your 2000 estimated tax. 69 Estimated tax only Amount of line 67 that you want applied to your 2000 estimated tax. 69 Estimated tax only Amount of line 67 that you want applied to your 2000 estimated tax. 69 Estimated tax only Amount of line 67 that you want applied to your 2000 estimated tax. 60 Subtract line 66 from line 56. This is the amount you owe. 61 Subtract line 66 from line 56. This is the amount you owe. 62 Subtract line 66 from line 57. See page 33) 63 Arount of line 67 that you want applied to your 2000 estimated tax. 64 Subtract line 66 from line 57. See page 33) 65 Arount you ower. 66 Proparer's signature line for your your your state of your your your your your your your your	Mail your completed return to: STATE PROCESSING CENTER PO BOX 81000 ALBANY, NY 12261-0001 Staple your wage and tax statements at the top of the back of this return. 66. 958. 67. 175. 68. 175. 4 You can choose to have your returnd sent directly to your bank account. See instructions and fill in lines 68a, b, and c. See Step 7, page 35, for the proper assembly of your return and attachments. 70. No Sign your return below. See pg. 33) Yes No

New York State Department of Taxation and Finance Itemized Deduction, and Other Taxes and Tax Credits Attachment to Form IT-201

IT-201-ATT

See instructions for Form IT-201-ATT on pages 36 through 41 of your Form IT-201 instructions booklet (IT-201-) for assistance.

Your social security number

eme(s) as shown	n on Form IT-201	Your social security number	r
SYLV	VIA M SAMUELS	<u></u>	
Form	claim the New York itemized deduction on line 32 of your Complete all p IT-201, you must complete Part I below and attach this Form I-ATT to your return. • Complete all p	rm IT-201-ATT, and any other forms that	apply,
Part I – I	New York State itemized deductions (see page 36)	Della	9
	1 Medical and dental expenses (from federal Schedule A, line 4)	1,	
	2 Taxes you paid (from federal Schedule A, line 9)	2	1,414
	3 Interest you paid (from federal Schedule A, line 14)		43,565
-	4 Gifts to charity (from federal Schedule A, line 18)	4.	267
	5 Casualty and theft losses (from lederal Schedule A, line 19)	5.	
	6 Job expenses and most other miscellaneous deductions (from federal Schedule	A, line 26) 6.	
	7 Other miscellaneous deductions (from federal Schedule A, line 27)		
	, , , , , , , , , , , , , , , , , , , ,		
	8 Total itemized deductions (from federal Schedule A, line 25)		45,246
	9 State, local, and foreign income taxes and other subtraction adjustments	(see page 36) 9.	1,414
	10 Subtract line 9 from line 8		43,832
	11 Addition adjustments (see page 37)		
		<u> </u>	· · · · ·
	12 Add lines 10 and 11		43,83
	13 Itemized deduction adjustment (see page 37)	<u>1</u> 3.	
	14 Subtract line 13 from line 12. This is your New York State Itemized deduction (Enter here and on Form IT-201, line 32. Attach this form to your Form.)	tion. Th (7-201.)	43,83
15 New Yo	Other New York State taxes (see page 38) Attach all applicable forms. ork State tax on capital gain portion of lump-sum distributions (from Form IT-230)	15. 16.	
10 AUU-08	tick of financial services industry investment credit on early dispositions (from Form IT-		
on	ack of financial services Industry EDZ investment tax credit and EDZ employment incer early dispositions (from Form DTF-605)	18.]	
19 Add-ba	ack of EDZ capital tax credit, EDZ investment tax credit, and EDZ employment incentive o	redit	
on	DOING CONTROL (NOW INCLUSION AND ALL A	19.	
20 Add-ba	ack of resident credit for taxes paid to a province of Canada (from Form IT-112-R)		
21 Add-ba	ack of farmers' school tax credit on convented property (from Form IT-217)	21.	
22 Add-be	ack of alternative fuels credit on early dispositions (from Form IT-253)	I COLUMN I	
	nes 15 through 22		
24 Amoun	nt from Form IT-201, line 39	783.	
25 Amoun	nt from Form IT-201, line 38		
26 Subtra	ct fine 25 from line 24 (if line 25 is more than line 24, leave blank)	27.	_
	act time 26 from fine 23 (if line 26 is more than line 23, leave blank)		
238 New Y (fro	onk State separate tax on lump-sum distributions om Form (T-230)		
29 Reside	ent credit against separate tax on lump-sum distributions		
(fr	orn Form IT-112.1; attach form and a copy of the return		
file	ed with the other state or province of Canada)		

31.

30 Subtract line 29 from line 28

31 New York State minimum income tax (from Form IT-220)

Enter this amount here and on Form IT-201, line 41

32 Add lines 27, 30, and 31. This is your Net other New York State taxes.

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No.1545-0074

Attach to Form 1040.

See Instructions for Schedule D (Form 1040).

1999

12 Sequanca No.

Use Schedule D-1 for more space to list transactions for lines 1 and 8. Internal Revenue Service Your social security number Name(s) shown on Form 1040 SYLVIA M SAMUELS Part Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) GAIN or (LOSS) (c) Date sold (b) Date acquired (a) Description of property (Example, 100 sh, XYZ Co.) (Mo., day, yr.) (see page D-5) Subtract (a) from (d) (Mo., day, yr.) (see page D-5) DAIMLER CHRYSLER 124,355 36,465 4/06/99 160,820 12/10/99 O 1/07/99 300,000 300,000 US TREASURY Various JOHNSON & JOHNSON SHORT SALE 0 3/08/99 336,000 336,000 ٥ 3/26/99 306,000 306,000 AT&T SHORT SALE Enter your short-term totals, if any, from Schedule D-1, line 2 3 Total short-term sales price amounts. 1,102,820 Add column (d) of lines 1 and 2 4 Short-term gain from Form 6252 and short-term gain or (loss) from 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 5 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 6 1998 Capital Loss Carryover Worksheet 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) 36,465 Partill Long-Term Capital Gains and Losses - Assets Held More Than One Year (a) 28% RATE GAIN (m) Cost of (f) GAIN (# (LOSS) (c) Date sold (d) Sales price (b) Date acquired (a) Description of property (Exemple, 100 sh. XYZ Co.) or (0.055) (see page D-5) Subtract (a) from (d) (Mo., day, yr.) (Mo., day, yr.) (see page D-5) (300 MeV. De 9 Enter your long-term totals, if any, from Schedule D-1, line 9 9 10 Total long-term sales price amounts. Add column (d) of lines 8 and 9 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 Capital gain distributions. See page D-1 14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1998 Capital Loss Carryover Worksheet 15 Combine lines 8 through 14 in column (g)

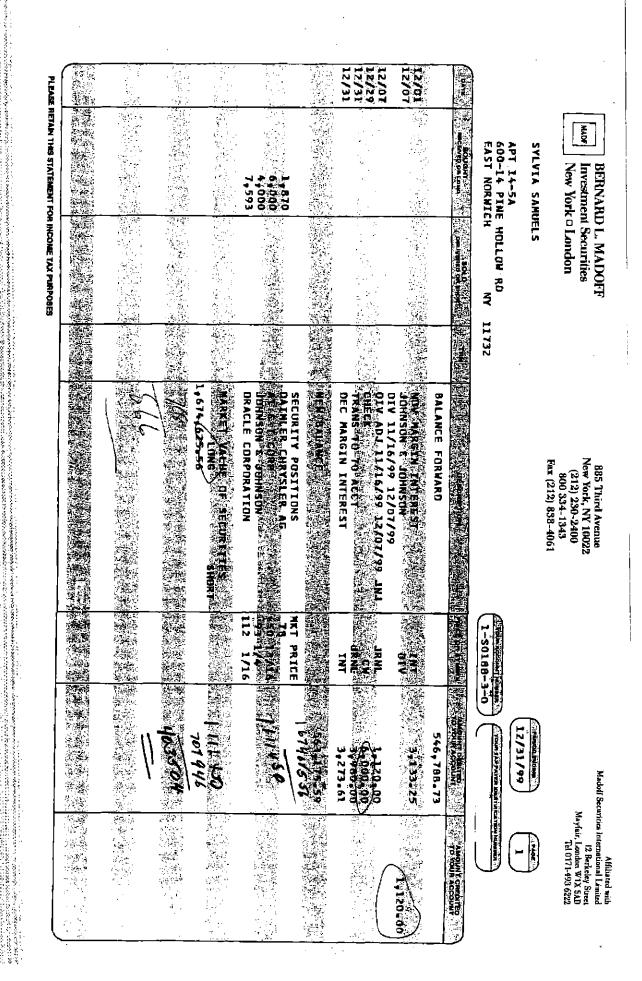
Next: Go to Part III on the back.

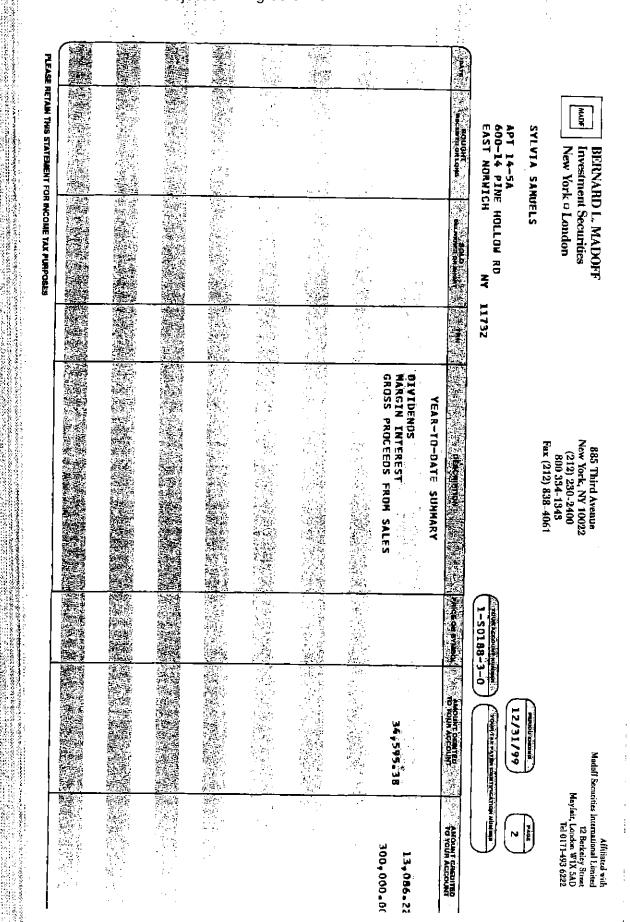
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f) ...

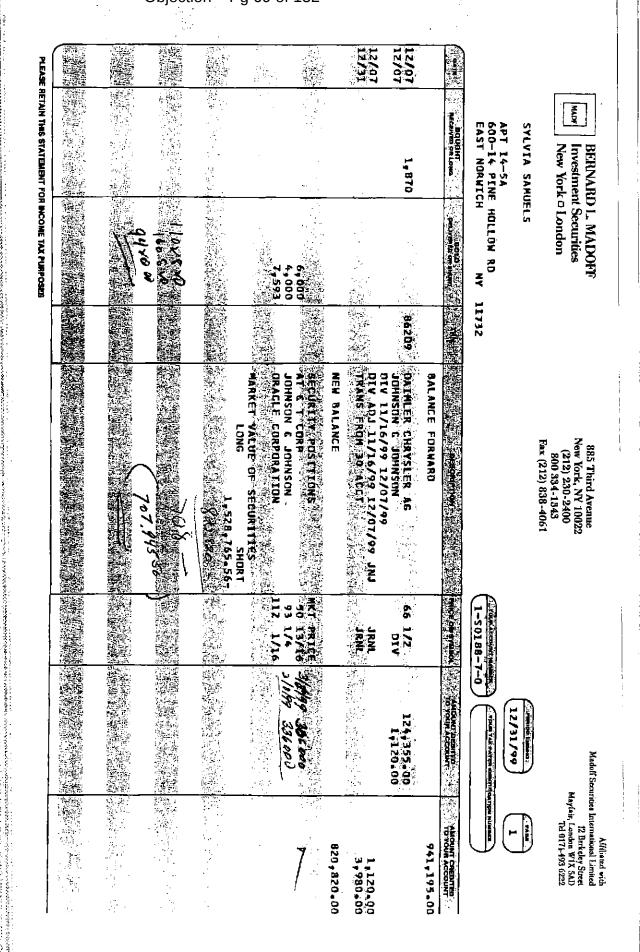
18

^{* 28%} Rate Gain or Loss includes alt "collectibles gains and losses" (as defined on page D-5) and up to 50% of the eligible gain on qualified small business stock (see page D-4).

	tule D (Form 1040) 1999 SYLVIA M SAMUELS		Page
	Summary of Parts I and II		
. 3E.	Combine lines 7 and 16. If a loss, go to fine 18. If a gain, enter the gain on Form 1040, line 13	17	36,465
7 (Combine lines 7 and 16. If a loss, go to line 16. If a gain, and loss gain and a solution of the loss gain. Then, go to Part IV to figure your tax if:		
I	Next: Complete Form 1040 inrough tille 59. Then, go as a series and		
	Both lines 16 and 17 are gains, and		
	• Form 1040, line 39, is more than zero.		
	f line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses:		
	• The loss on line 17; or	18 (
	• (2/2)[IIII] [II. [[5]] 60 (b) d 2chagas) (4.1==)		
1	Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet on page D-6 if:		
	The loss on line 17 exceeds the loss on line 18, or		
	• Form 1040, line 37, is a loss.		
	Tax Computation Using Maximum Capital Gains Rates	lasi	
19	Enter your taxable income from Form 1040, line 39	19	
20	Enter the smaller of line 16 or line 17 of Schedule D	-	
21	If you are filing Form 4952, enter the amount from Form 4952, line 4e		
10	Subtract line 21 from line 20. If zero or less, enter-0-		
27	Combine lines 7 and 15. If zero or less, enter -0-	-	
24	Enter the amatter of line 15 or line 23, but not less than zero	-	
9 6	Enter your unrecaptured section 1250 gain, if any, from line 16 of the worksheet on page U-7 [25]	-	
~~	8-1-4 Page 04 and 05		
~~	The transfer of them line 20. If your or loss enter -0-	27	
28	Subtract line 27 from line 19. If zero or less, enter -0-	28	
	Enter the smaller of.		
	The amount on line 19, or		
	 \$25,750 if single; \$43,050 if married filing jointly or qualifying widow(er); \$21,525 if married filing separately; or \$34,550 if head of household 	29	
30	Enter the smaller of line 28 or line 29	- -	
31	Subtract line 22 from line 19. If zero or less, enter -0-	-	
32	Enter the larger of line 30 of line 31	- 888	
33	Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies	33	
	Note: If line 29 is less than line 28, 00 to line 38.		
34	Enter the amount from line 29		
35	Enter the amount from line 28		
36	Subtract line 35 from line 34. If zero or less, enter -0-		
37	Multiply line 35 by 10% (.10)	37	
	Note: If line 27 is more than zero and equal to line 38, go to line 52.		
38	Enter the smaller of line 19 or line 27		
39	Enter the amount from line 36	_	
40	Subtract line 39 from line 38.	- F	
41	Multiply line 40 by 20% (.20)	41	
	Note: If line 25 is zero or blank, skip lines 42 through 47 and read the note above line 48.		
42	Enter the smaller of line 22 or line 25	_	
43	Add lines 22 and 32		
44	Enter the amount from line 19		
45	Subtract line 44 from line 43 1/ zero or less, enter -0-		
46	Subtract line 45 from line 42 if zero or less, enter -0-		
<u>4</u> 7	Multiply line 46 by 25% (.25)	47	
71	Note: If line 24 is zero or blank, go to line 52.		
4.0	Enter the amount from line 19		
40	Add lines 32, 36, 40, and 46		
£π	Subtract line 49 from line 49		
20	Multiply line 50 by 28% (.28)	51	
	Add lines 33, 37, 41, 47, and 51	52	
54	Regure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	. 53	
5.	Highre me ray but me automit out may 19. 299 45 197 197 197		
E 4	Tax on all taxable income including capital gains. Enter the smaller of line 52 or line 53 here and on Form 1040, line 40	54	
	I DA UN DIS (GAGNIC SILUSING HIGHWAITZ WATER STORM		







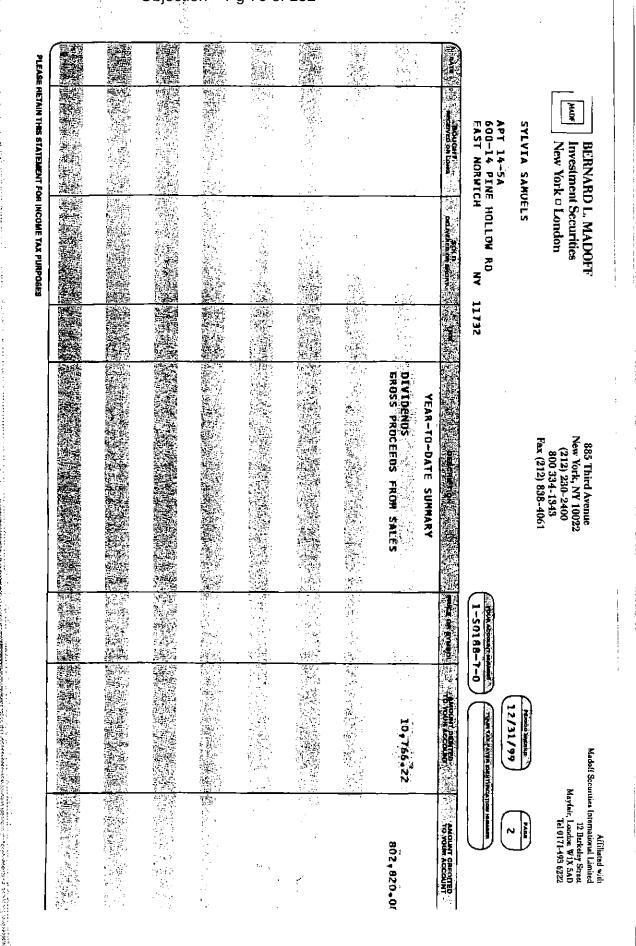


Exhibit E

f 1040	Ü.	.S. !	nt of the Treasy - Internal Revenue Seven Individual Income Tax Re	turn 2000	(99) IRS Us a Only - D	o not write	or staple in	this space.	
	F	or the	year Jan. 1 - Dec. 31, 2000, or other tax year be	girring	, 2000, ending	, 20		OMB No. 1545-00	17 L
Label [一亡		irst name and initial	Last nume		i	Your soci	al sectably number	
~.a	. 1	SY	LVIA M SAMUELS		· <u></u>		Ĺ		
·	L ABEL	If a joint return, spouse's first name and initial Last name					Sponsin's social ansurity number		
Use the IRS label	· F	Home	address (number and street). If you have a P.O.	bax, see page 19.	Agt no		A	MPORTANTI	
Otherwise,	빝ㅣ			HOLLOW ROAD 14-5A (Ica, state, and ZIP code. If you have a foreign address, see page 18.			You must enter your SSN(s) above.		
please print or type.		City,	lown or post office, state, and ZIP code. If you h						
Presidential		KA	ST NORWICH, NY 11732	<u>. </u>			Yo	u Spou	C
Election Camp	ngiac	No	ote. Checking "Yes" will not change your	pax or reduce your return	d.			r	_
(See page 18.)		/ Do	you, or your spouse if filing a joint return	rn, want \$3 to go to this t	und?		► KN Yes1	No Tes	_i No
		1	X Single	•					
Filing Statu	IS	2	Married filing joint return (even if	only one had income)					
•		3	Married filing separate return. Ent	at sbonze,2 200° zec* uor	above & full name here ▶				
Check only		4	Head of household (with qualifying	out not yo	xr. qebeuqeut				
one box.		1	enter this child's name here 🕨					_ <u>_</u> _	
		5	Qualifying widow(er) with depend	ient child (year spouse di	ed ►). (See pag				
		6a	Yourself. If your parent (or someo	ne else) can claim you as (6a	a dependent on his or he	r tex		No. of boxes	
Exemptions	5		_				. .	checked on Sa and Sb	1
		<u> </u>	Spouse			(4) Chk if q		· · · -	=
		C	Dependents:	(Z) Dependent's social security number	(3) Dependent's	child for c	nad iax	children of 50 who:	
			(I) Frai Nume Last name	January Mariet	10	CI Adir (See		• lived with you	
	_			 				• did not live with	—
If more than six				· · · · · ·				Acon gree to divouse	
dependents,	_		·					(see page 20)	
ane bage 20.								-	
	_			 				Dependents on 6c not entered above	
								MILE EN 45640	
	_			<u> </u>				-	
	~							Add numbers entered on	
		d	Total number of exemptions claimed				· · · · · · · · ·	entered on lines above	<u> </u>
		d 7	Wages, salaries, tips, etc. Attach Form(s	s) W–2			7	entered on lines above > 21,80	
Income		7 20	Wages, salaries, tips, etc. Attach Form(s Taxable interest. Attach Schedule B it re	s) W-2 equired			7	entered on lines above	
Income		7 20	Wages, salaries, fips, etc. Attach Form(s Taxable interest. Attach Schedule B it n Tax-exempt Interest. Do not include or	s) W-2 equired n line Ba. STMT.1	8b 3:	8 1	7	21,80 1,15	4
Attach		7 20	Wages, salaries, fips, etc. Attach Form(s Taxable interest. Attach Schedule B it re Tax-exempt Interest. Do not include or Ordinary dividends. Attach Schedule B	s) W-2	8b 3:	1 8	7	21,80 1,15	4
		7 8a b	Wages, salaries, fips, etc. Attach Form(s Taxable interest. Attach Schedule B it re Tax-exempt Interest. Do not include or Ordinary dividends. Attach Schedule B Taxable refunds, credits, or offsets of st	s) W-2equired	8b 3:	1 3	7 a 9	21,80 1,15	4
Attach Forms W-2 and W-2G hera. Also attach		7 8a b	Wages, salaries, fips, etc. Attach Form(s Taxable interest. Attach Schedule B it re Tax-exempt Interest. Do not include or Ordinary dividends. Attach Schedule B Taxable refunds, credits, or offsets of st Allmony received	s) W-2equired	8b 3:	1	7 3 9 0	21,80 1,15	4
Attach Forms W-2 and W-2G here.		7 8a b 9	Wages, salaries, fips, etc. Attach Form(s Taxable interest. Attach Schedule B it re Tax-exempt Interest. Do not include or Ordinary dividends. Attach Schedule B Taxable refunds, credits, or offsets of st Allmony received Business income or (loss). Attach Sche	s) W-2 equired if required that and local income back	sb 3.	1 8 1 3	7	21,80 1,15 6,26	4 5
Attach Forms W-2 and W-2G hum. Abu attach Form 1898-R ti	 4.	7 8a b 9 10	Wages, salaries, fips, etc. Attach Form(s Taxable interest. Attach Schedule B it re Tax-exempt Interest. Do not include or Ordinary dividends. Attach Schedule B Taxable refunds, credits, or offsets of st Allmony received	s) W-2 equired if required tate and local income back dule C or C-EZ D if required.!! not require	sb 3.	1 8	7 aa 3 9 0 11 122 133	21,80 1,15	4 5
Attach Forms W-2 and W-2G hum. Abu attach Form 1898-R ti		7 8a b 9 10 11	Wages, salaries, fips, etc. Attach Form(s Taxable interest. Attach Schedule B it or Tax-exempt Interest. Do not include or Ordinary dividends. Attach Schedule B Taxable refunds, credits, or offsets of st Alimony received Business income or (loss). Attach Schedule Capital gain or (loss). Attach Schedule Other gains or (losses). Altach Form 47	s) W-2 equired if required tate and local income back dule C or C-EZ D if required.!! not require	sb 3. es (sea paga 22)ed, check here ▶□	1 3 1 1 1 1 1 1 1 1	7 a 3 9 0 0 11 1 22 13 144	21,80 1,15 6,26 17	4 5 5
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08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 73 of 152

Form 1840 (200	00)SY	LVIA M SAMUELS	<u>-</u>	34	
	34	Amount from line 33 (adjusted gross income)	<u>.</u>	34	31,741
Tax and	35a	Check it: 12 You were 65 or older, D Blind; U Spouse was 65 or older, D Blind;			,
Credits		Add the number of boxes checked above and enter the total here	35a	1	
	l h	If you are married filing separately and your spouse itemizes deductions, or you were	_ 1	- 📖	
Standard Deduction	1	a dual-status alien, sag nacia 31 and Check here	350	J	1
lar Mesi	-	Service Maniford deductions from Schedule A. line 28, or standard deduction			
Pacple Single:	ſ	shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can daim you as a dependent		36	5,500
\$4,400	37	Subtract line 35 from line 34		37	26,447
Head of household:	20	was as is end 700 or lose, multiply \$2.800 by the total number of exemptions claimed on li	ine 6d.		
\$6,450	36	If the 24 is over \$96.700, see the worksheet on page 32 for the amount to enter		38	2,800
Married filling	39	Taxable Income. Subtract line 38 from tine 37.		39	23,647
Qualifying	40	Tan (see page 32), Check if any tax is from a LI Form(s) 8814 to LI Form 4972		40	3,544
widow(er); 57,350	41	Atternative minimum tax, Attach Form 6251		· · · · <u> 41</u>	
Married	42	Add lines 40 and 41		▶ 42	3,544
filing separately	43	Foreign tax credit. Attach Form 1116 if required			
\$3,675.	44	Credit for child and dependent care expenses. Att. Form 2441 44			
	45	Credit for the elderly or the disabled. Attach Schedule R			
	46	Education credits, Attach Form 8863			
	47	Child tax credit (see page 36)			
	4.5	Adoption credit, Altach Form 8839			
	49	Other. Check if from a Form 3800 b Form 8396			
		o □ Form 8801 d □ Form (specify)			i l
	50	Add lines 43 through 49. These are your total credits		50	<u> </u>
	ET	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-		<u>▶ 51</u>	3,544
	52	Self-employment tax. Att. Sch. SE		52	
Other	53	Social seminity and Medicare tex on tip income not reported to employer. Attach Form 413	7	<u>53</u>	<u> </u>
laxes	54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	··	····[5	<u> </u>
•	56	Achience perced income credit payments from Form(s) W-2		55	
	56	Household employment texas. Attach Schedule H		···· <u> 56</u>	
	57	Add lines 51 through 56. This is your total tax	<u> </u>	▶ 57	3,544
>ayments	58	Federal income tax withheld from Forms W-2 and 1099 58	2,034		
Byllicitos	_ 59	2000 astimated tax payments and amount applied them.	2,480	<u> </u>	
f you have a pualifying	80	Earned Income credit (EIC)			
hild, attach	Γ 1	Nontaxable samed income: amt. >			
ichedula ElG.		and type> NO			
	 61	Excess social security and RRTA tax withheld (see page 50)			,
	62	Additional child tax credit. Attach Form 8812 52			
•	63	Amount paid with request for extension to file (see page 50) 63			
	64	Other payments. Check if from a Porm 2439 b Form 4136 64			4,514
	65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	<u></u>	65	220
Refund	66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpa	= q	▶ 577	
teva it	67	a Amount of line 66 you want refunded to you			38
iirectty topositedi		▶ c Type: ☐ Checking ☐ Savi	nv-st		
See page 50 and lill in 67%,		b Routing number	حور		
17c, and 67d.		d Account number 68 years applied to your 2001 estimated tax > 68	97	ol 🎇	
	. 68	Amount of line of you want applica to you are			
Amount	69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe.		> 64	
fou Owe		For details on how to pay, see page 51		1	
		Estimated the pentalty. And include on the document of the and statement	ts, and to	he best of m	y knowledge and belief, they are
Sign	Un	der penalties of perjury, I declare that I have examined this faturn and accompanying schedules and statement e, correct, and complete. Declaration of preparer (other than laxpayer) is based on all information of which pr	sparer has	any knowlet	ige.
lere		I Date I Your necumation			Daytime phone number
ioint return?	- 1	Your signature TEACHING	ASST		1
iee page 19. leep a copy					May the IRS discuss this return
OF YOUR		Spouse's signature, if a joint return, both must sign. Date Spouse's occupation			with the preparer shown below [see page 52)?
ecords.		Date			Preparer's SSN or PTIN
		Anne art e	Check if self-emp	loved []	1 :
⊃aid	sig	HARRIS POLANSKY	<u> 30,,-π/μ</u>		11-3385923
	_	TOT ANGRO RITIDEDG & CO 1.1.D		EIN	
³reparer'	- F	POLANSKY, KULBERG & CO., LLP		EIN	11-3303743
				Phone no.	(516) 741-3500

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Schedules A&B (F	arm 1040) 2000	QMB No. 1545-00	
	Form 1049. Do not enter name and social security number if shown on other side.	TOUT SOCIAL S	ecurity number
SYLVIA	M SAMUELS Schedule B - Interest and Ordinary Dividends		Attachment Sequence No. 08
	ote. If you had over \$400 in taxable interest, you must also complete Part III.		
art I Interest	List name of payor. If any interest is from a seller-financed mortgage, and the buyer used the property		Amount
See page B-1 und the natructions for	as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address >		1 020
orm 1040, ine 84.)	BERNARD L MADOF CFS EAB		1,030 60 64
Note. If you sceived a Form			
1099-INT, Form 1099-CID, or substitute			
itatement from i brokerage firm, ist the firm's teme as the	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Myer and enter he total interest shown on that			
OFTIT.			
	2 Add the amounts on line 1	2	1,154
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815.	з	
	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	<u></u> ▶ 4	1,154
art II	Note. If you had over \$400 in ordinary dividends, you must also complete Part III.		
Ordinary Dividends	5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the	a	Amount
See page 8-1 .nd the	instructions for Form 1040, line 13. >	·	7,584
natructions for form 1040, ins 9.)	BERNARD L. MADOFF SHORT DIVIDENDS		-1,320
		5	· · · · · · · · · · · · · · · · · · ·
eceived a Form 099-DIV or ubstitute		- - -	
tatement from brokerage irm, list the	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
irm's name 23 he payer nd enter			
he ordinary Midends shows in that torm,			
	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9	▶ 6 1	6,264
'æ't III Foreign	You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign acc (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	ount; or	Yes No
lecounts and inusts	7a At any time during 2000, did you have an interest in or a signature or other authority over a financial accountry, such as a bank account, securities account, or other financial account? See page B-2 for excerned interest for Form TD F 90-22.1	היוווי חווא פוזסמל:	
3ee age B-2.)	b If "Yes," enter the name of foreign country >		
	if "Yes," you may have to file Form 3520. See page B-2		Ile B (Form 1040) 200

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074 2000

Attach to Form 1040.

➤ See Instructions for Schedule D (Form 1040).

Attachment

Department of the Treasury Use Schedule D-1 for more space to list transactions for lines 1 and 8. Sequence No. Internal Revenue Service Your social security number Name(s) shown on Form 1040 SYLVIA M SAMUELS Short-Term Capital Gains and Losses - Assets Held One Year or Less Part t (e) Cost or other basis (f) Gain or (loss) (d) Sales price (b) Date acquired (c) Date sold 1 to Description of property (Mc., day, yr.) [3es page D-6] Subtract (e) from (d) (Example, 100 sh. XYZ Co.) (Mo., day, yr.) (900 page D-6) 24,501 171,904 -147,403 ORACLE SHORT SALE 0 11/30/00 100,000 100,000 9/29/00 US TREASURY 2 Enter your short-term totals, if any, from 2 3 Total short-lerm sales price amounts. 124,501 Add column (d) of lines 1 and 2 4 Short-term gain from Form 5252 and short-term gain or (loss) from Forms 4684, 6781, and 8824..... 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 5 1999 Capital Loss Carryover Worksheet -147,4037 Net short-term capital gain or (loss). Combine column (f) of lines 1 through 6 Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cast or (g) 28% rate gain (f) Gain or (loss) (c) Date sold B (a) Description of property (Example, 199 sh. XYZ Co.) (d) Sales price (b) Date acquired other basis OF GOSE) tade page 0-6) Subtract (e) from (d) (Ma., day, yr.) (Mg., day, yr.) * |see inst. balow) (see page D-6) 57,000 279,000 JOHNSON & JOHNSON SHORT 336,000 108,000 306,000 198,000 AT & T SHORT SALE 56,002 -19,46212/07/99|12/21/00 36,540 DAIMLER 9 Enter your long—term totals, if any, from . Schedule D-1, line 9 10 Total long-term sales price amounts. 678,540 Add column (d) of lines 8 and 9 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824. 12 Nat long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. 13 Capital gain distributions, See page 0-1..... 14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1999 Capital Loss Carryover Worksheet . . . 15 Combine column (g) of lines 8 through 14..... 145,538 16 Net long-term capital gain or (loss). Combine column (f) of lines 8 through 14..... 16 Next: Go to Part III on the back.

* 28% rate gain or loss includes all "collectibles gains and losses" (as defined on page D-6) and up to 50% of the eligible gain on qualified small business

stock (see page D-4). For Paperwork Reduction Act Notice, see Form 1040 instructions.

Sche	edule D (Form 1040) 2000 SYLVIA M SAMUELS	2ge 2
	Summary of Parts I and II	
	Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13	-1,865
	 The loss on line 17 or (\$3,000) or, if married filing separately, (\$1,500) Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet on page D-6 it: 	. 18 (1,865)
	The loss on line 17 exceeds the loss on line 18 of Form 1040, line 37, is a loss.	
	Tax Computation Using Maximum Capital Gains Rates	
19	Enter your taxable income from Form 1040, line 39.	. 19
20	Enter the smaller of line 16 or line 17 of Schedule D	
24	If you are filing Form 4952, enter the amount from Form 4952, line 4e	
21	Subtract line 21 from line 20. If zero or less, enter -0	
22	Combine lines 7 and 15. If zero or less, enter -0	
23	Combine lines 7 and 15, if zero or less, enter -0-	
24	Enter the smaller of line 15 of line 23, but not less than 250 the control of line 15 of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 23, but not less than 250 the control of line 250 the contro	
25	Enter your unrecaptured section 1250 gain, if any, from line 17 of the worksheet on page D-8 25	
26	Add lines 24 and 25	. 27
27	Subtract line 25 from line 22. If zero or less; enter -0-	28
	Subtract line 27 from line 19. If zero or less, enter -0- Enter the smaller of: The amount on line 19 or \$25,250 if single; \$43,850 if married filing jointly or qualitying widow(er); \$21,925 if married filing separately; or \$35,150 if head of household	. 29
	Enter the smaller of line 28 or line 29	
30	Subtract line 22 from line 19. If zero or less, enter -0	
31	Enter the larger of line 30 or line 31	
32	Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies	. 33
	Note: If the amount on lines 29 and 30 are the same, skip lines 34 through 37 and go to line 38. Enter the amount from line 29	
34	Enter the amount from line 30	
35	Enter the amount from line 30	
36	Stab act libs 20 acts and 24	. 37
	Multiply line 36 by 10% (.10)	
_ 4	B Enter the smaller of line 19 or line 27	
39	Enter the amount from line 36	
40	Subtract line 39 from line 38	41
	Multiply line 40 by 20% (.20)	
42	Foter the smaller of line 22 or line 25	
43	3 Add lines 22 and 32	
4	4 Foter the amount from line 19.	
4	5 Subtract line 44 from line 43. If zero or less, enter -0-	
4	8 Subtract line 45 from line 42. If zero or less, enter -0	
4	7 Multiply line 46 by 25% (.25)	47
	Note: If line 24 is zero or blank, skip lines 48 through 51 and go to line 52.	
4	A Primer the amount from the 19.	
4	9 Add lines 32, 36, 40, and 46	
5	0 Subtract line 49 from line 48	51
5	1 Multiply line 50 by 28% (.28)	52
5	2 Add lines 33, 37, 41, 47, and 51	57
5	3 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	
	4 Tax on all taxable income (including capital gains). Enter the smaller of line 52 or line 53 here and on Form 1040, fine 40	1

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2000	FEDERAL STATEMENTS	PAGE 1
CLIENT 2063	SYLVIA M SAMUELS	
3/30/01		05:46PM
STATEMENT 1 FORM 1040, LINE 8B TAX-EXEMPT INTEREST	· r	
FIDELITY	TOTA	\$ 31 \$ 31

2000

NEW YORK FILING INSTRUCTIONS

CLIENT 2063

SYLVIA M SAMUELS

03/30/01

05:46 PM

FORM TO FILE:

FORM IT-201 - 2000 NEW YORK RESIDENT INCOME TAX RETURN

SIGNATURE:

SIGN AND DATE FORM IT-201 PAGE 2.

PAYMENT:

THERE IS A BALANCE DUE OF \$293. MAKE YOUR CHECK PAYABLE TO "NEW YORK STATE INCOME TAX." WRITE YOUR SOCIAL SECURITY NUMBER AND "2000 INCOME TAX" ON THE CHECK. STAPLE THE CHECK TO THE FRONT OF YOUR RETURN.

WHEN TO FILE:

ON OR BEFORE APRIL 16, 2001.

WHERE TO FILE:

STATE PROCESSING CENTER P.O. BOX 61000 ALBANY, NY 12261-0001

					New	York Slate Departi	ment of Taxati	ion and	Finance				11-201
					Res	sident Inc	ome Ta	x Ro	eturn			2000	
Ear at	lice use	-anhu		N		tate • City of				nikers			
ror on	ice use	OTHY								mber 31, 20 <u>00, or</u>	fiscal v	ear heginging	0.0
			_								13001		
						our social secur	ly number	5) IN U	e doxes	to the right	- Inwi	and ending	iecurity Number
	=	A R Your First Name and Middle Initial Your Last Name (for joint rin, enter spouse's name below).							·~~,	f : on cordin	recently resolve		
		I R SYLVIA M SAMUELS									-		
	_	<u>^ 1</u> 5	Spouse's Fi	rs! Name a	nd Middle In	ليحزع	Spouse's La	st Name	I		l	A Sbonze,s 20	cial Security Number
	=	' ' 1											
	-	노입	Mailing Add	tress (numb	er and street	or rustal coults)				Apartment Number		New York State	County of Residence
		B #12			HOLLOW					14~5A		• NASSAU	J
	Ī			e or Post Of					State	ZIP Gode		School District	
	=	1 91		NORW.					NY	11732		OYSTE	PAV
	-						-t or mest coul	-	1111	Apartment Number		0 0 1 0 1 1 1 .	
	_	Perment	ent Homa A	iddress (se	e instruction) inumber and street	91 (A) (A MI) (B A	.=,		Apa unon renese	i	School District	476
							State ZIP			I I Tomover in Dec	<u> </u>	Code Number	and Date of Death
•		City, VIII	tage or Pos	t Office				, red ma		п тафауы за оес			INCO DETECTION OF THE PROPERTY
							NY						
			1	X Sin	gie			(B)	Did you	ı itemize your dec	fuction	is on	
	(A) Filing	,	_				• •	your 20	00 federal income	pax te	turn? 🖁 '	Y93 No <u>X</u>
	•	ı statu:	•	Mar	rried filing i	oint return		(C)	Can yo	u be claimed as a	deper	dent	
	 check	mark	an _	(unt	er spouse's s	ocial security numb	ies Ppana)	• •	on anot	ther texpayer's fed	eral ret	urn? 📗	Yes No X
or mor	16 y	'X' in one t		Mo	rriad filma e	separate return		(A)	If you a	to not need forms	maile	d to you perfu	1021
jorderi	riora.	I one r	JUX. 3			ocial security numb	er above)	(0)	mark ar	'X' in the box (se	e instru	ictions)	X X
						h		(E)	City of	New York resider	nts onl	v: (see instruct	ions)
	_,			4	Head of hou	mahold (with quali	tying person)	(-,					Yes Nc
1	-11									-			Yas No
L		J L		5	Qualitying w	igow(et) with gabe	indent child		(2) Was	April abores as a on	JES CET 14	1720017	, as
							 ,			·	٦		
Fed	eral ir	ncome	and a	djustm	ents	Only full-year							
$\overline{}$	Wages,	salaries	, tips, etc			this form. For your income I	lines 1 thr Jems and 1	ough otal a	lä below Hushner	r, enter	ļ	1	21,808.
2	Texable	interes	tincome			STORES OF VOL	π tederal r	ehum	isee Insi	tructions).	 	2	1,154.
3	Ordinar	v divide	nds			Also, see inst	ructions fo	r shov	ving a lo	55]	3	6,264.
4	Taxable	refund:	s, credits,	, or offset	s of state a	nd local income	taxes (also	enter	on line 2	3 below)	• • • • •		<u> 175.</u>
5	Allmony	receive	ed								• • • • •	5	
6	Busines	s incom	ne or loss	(attach a	copy of le	deral Schedule	C or C-EZ,	Form	1040)			6	
7	Capital	gain or	loss (if re	quired, a	ttach copy	of federal Sched	dule D, Fori	m 1040	?)		••••	7	-1,865.
8	Other g	palms or I	losses (al	ttach cop	y of federal	Form 4797)						8	
9	Taxable	amoun	it of IRA o	distributio	ns			· ·			• • • • •	··· 9	1,138.
10	Taxable	amoun	it of pens	ions and	annulites .							10	
11	Rentalire	uzi ostato,	royalties, į	partnership	ıs, S corporat	ions, trusts, etc (at	tach copy of I	i e derai	Schedule (E, Form 1640)	· · · · ·	11	
12	Farm in	icome o	r loss (alt	tach copy	of federal	Schedule F, Fo	rm 1040)		• • • • • •				
13	Unemp	loyment	compen	sation							• • • • •	13	2 227
14						iso enter on line	25 below)						3,273.
15	Other in	esa) emoc	Instruction	ns) identi	łу:							J 15	33 048
16			ough 15.							<u></u>		-	31.947.
17	Total fe	deral ec	Justment	ts to incor	me (see ins	tructions) (Iden	tify:] 17	
18	Subtra	ct line 1	17 from li	ine 16. Ti	nis is your	federal adjusts	ed gross in	come				<u> 18 </u>	31,947-
Nev	и Үог	c addi	tions		tructions)							<u> </u>	
19	Interest	Income ar	n state and	local bonds	s and obligati	escatt lon tud) and	of New York :	State or	lis local go	ov ernme nts)	• • • • •	19	
20	Public	employe	se 414(h)	ratiremer	nt contribut	ions from your v	wage and ta	ex stat	ements (s	see instructions) .	• • • • •	20	468.
21				Identify.			·] 21	
_22	Add lin	es 18 th	rough 21	1								22	<u>32.415.</u>
Ne	w Yorl	c subt	raction	S (see	e instruction	15)							
23	Taxable	refunds, d	eradila, or s	offsets of s	tate and loca	l income taxes (from	m Nne 4 above)	23	17!	المقا		\neg
24						aral government (se			24		' '		i
25	Tayahl	o amour	nt of socia	ol security	herefits (rom line 14 abo	rve)		25	3,27	3.		
									26	1.03		•	1
25									27	1.13			
27								· · ·		1,13	' 		2000
28			rs) (Ident						28		l	1 1	= (1)
29						• • • • • • • • • • • •					• • • • •	29	5,616.
30	Subtra	et line :	29 from t	ine 22. T	his Is you	New York adju	isted gross	inco	ne (ente	r the line 30 amou	nt on		26,799.
	line 31	on pag	e 2)	<u> </u>	<u> </u>	<u>,,,</u>	• • • • • • • •				- • • • •	. 30	
0210	07						NYIA131ZL	12/19/	00				Form (T-201 (2000)

Formi	IT-201 (2000)	Page 2
Tav	computation (conjuctuations) SYLVIA M SAMUELS	
21	Enter the amount from tine 30 on page 1 (this is your New York adjusted gross income)	26,799.
33	Enter the larger of your standard deduction (from instructions) or your itemized deduction (from Form IT-201-ATT,	
-32	Part I, line 14; attach form). Mark an 'X' in the appropriate box	
20	Cultivant line 22 from line 31	19,299
44	Exampliant tes dependents only (not the same as lotal federal exemptions; see instructions)	34 ,000_
35	Cubtract line 34 from line 33. This is vour taxable income	19,299.
36	New York State tax on line 35 amount (use red NYS Tax Table; if line 31 is mure than \$100,000, see instructions)	⊈36 930.
Nou	v York State credits and other taxes (see instructions)	
27	Now York State Household Credit (from table I. II. or III in the Instructions)	37
38	Subtract line 37 from line 36 (if line 37 is more than line 36, leave blank)	. 38 930.
20	Now York State apprehendable credits (from Form IT-201-ATT, Part IV, line 55)	39
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	. 40 230.
41	Net other New York State taxes (from Form IT-201-ATT, Part II, line 33; attach form)	41
42	Add Ilnes 40 and 41. This is the total of your New York State taxes	. 42 930.
Cib	of New York and City of Yonkers taxes and credits	_
43	City of NY resident tax (use the City of NY Tax Table)	_}
44	City of New York Household Cradit (from table IV, V, or VI in Instructions)	<u>_i</u>
45	Subtract in 44 from in 43 (if in 44 is more than in 43, leave blank).	See instructions
46	Other city of New York laxes (from Form IT-201-ATT, Part III, line 38; attach form).	tor figuring city of New York and city
47	Add lines 45 and 46	of Yonkers taxes, credits,
48	City of New York nonrefundable credits (from Form IT-201-ATT, Part IV, line 58)	and tax surcharges.
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	4
50	City of Yonkers resident Income tax surcharge (see Instructions)	_
51	City of Yonkers nonresident earnings tax (attach Form Y-203)	_
52	Parti-year gifty of Youters resident income tax surcharge (attach Form IT-380.1)	
53	Add lines 49 through 52. This is the total of your city of New York and city of Yorkers texas	. 53
	untary glfts/contributions (whole dollar amounts only; see instructions)	
54	Return a Gift to Wildlife W Missing/Exploited Children Fund C	
	Brand Copper Research Fund b Olympic Fund 0	
	Althorner's Fund # a Total of your line 54 gifts and contributions .	54
55	Add lines 42, 53, and 54. This is your total New York State, New York City and Yorkers taxes, and gitts/contributions	. 55 930.
55 Pa	Add thes 42, 53, and 54. This is your total New York State, New York City and Yonkers taxes, and gifts/contributions	
Pa 56	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 55	Mail your completed return to:
Pa 56	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form Π-216; attach form)	Mail your completed roturn kz. State Processing Center
Pa 56	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 56 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-214, line 17; attach form) 58	Mail your completed return to: State Processing Center P.O. Box 61000
Pa ⁵	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 55 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-214, line 17; attach form) 58 City of NY School Tax Credit (also complete (E) on page 1; see Instrs) 59	Mail your completed roturn kz. State Processing Center
Pa 56 57 58	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form)	Mail your completed roturn to: State Processing Center P.O. Box 61000 Albany NY 12261-0001
Pa ⁻ 56 57 58 59	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form)	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001
Pa 56 57 58 59 60 61 62	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 55 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-214, line 17; attach form) 58 City of NY School Tax Credit (also complete (E) on page 1; see Instructions) 59 Other refundable credits (from Form IT-201-ATT, Part IV, line 72) 60 Total New York State tax withheld 61 637 Total city of New York tax withheld 52	Mail your completed roturn to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the
Pa 56 57 58 59 60 61 62	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 56 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-214, line 17; attach form) 58 City of NY School Tax Credit (also complete (E) on page 1; see Instructions) 59 Other refundable credits (from Form IT-201-ATT, Part IV, line 72) 60 Total New York State tax withheld 61 637 Total city of New York tax withheld 62 Total city of Yonkers bax withheld 63	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001
Pa 56 57 58 59 60 61 62	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 56 NY State Earned Income Credit (from Form IT-215, attach form) 57 Heal Property Tax Credit (from Form IT-214, line 17; attach form) 58 City of NY School Tax Credit (also complete (E) on page 1; see Instrus) 59 Other refundable credits (from Form IT-201-A1T, Part IV, line 72) 60 Total New York State tax withheld 61 637 Total city of New York tax withheld 62 Total city of Yonkers tax withheld 63 64 Total of estimated tax payments, and amount paid with extension Form IT-370 64	Mail your completed rotum to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return.
Pa ⁻ 56 57 58 59 60 61 62	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 55 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-214, line 17; attach form) 58 City of NY School Tax Credit (also complete (E) on page 1; see instrs) 59 Other refundable credits (from Form IT-201-ATT, Part IV, line 72) 60 Total New York State tax withheld 61 62 Total city of New York tax withheld 63 Total city of Yonkers tax withheld 63 64 Total of estimated tax payments, and amount paid with extension Form IT-270 64 65 Add lines 56 through 64. This is the total of your payments	Mail your completed roturn to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of
Par 56 57 58 59 60 61 62 63	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 55 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-214, line 17; attach form) 58 City of NY School Tax Credit (also complete (E) on page 1; see Instructions) 59 Other refundable credits (from Form IT-201-ATT, Part IV, line 72) 60 Total New York State tax withheld 61 62 Total city of New York tax withheld 63 Total city of Yonkers tax withheld 63 64 Total of estimated tax payments, and amount paid with extension Form IT-370 64 65 Add lines 56 through 64. This is the total of your payments Refund - If line 65 is more than line 55, figure your refund. (see instructions)	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return. 65 637.
Par 56 57 58 59 60 61 62 63	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 55 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-214, line 17; attach form) 58 City of NY School Tax Credit (also complete (E) on page 1; see Instructions) 59 Other refundable credits (from Form IT-201-ATT, Part IV, line 72) 60 Total New York State tax withheld 61 62 Total city of New York tax withheld 63 Total city of Yonkers tax withheld 63 64 Total of estimated tax payments, and amount paid with extension Form IT-370 64 65 Add lines 56 through 64. This is the total of your payments Refund - If line 65 is more than line 55, figure your refund. (see instructions)	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return. 65 637.
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Par 56 57 58 59 60 61 62 63	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 55 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-214, line 17; attach form) 58 City of NY School Tax Credit (also complete (E) on page 1; see Instructions) 59 Other refundable credits (from Form IT-201-ATT, Part IV, line 72) 60 Total New York State tax withheld 61 62 Total city of New York tax withheld 63 Total city of Yonkers tax withheld 63 64 Total of estimated tax payments, and amount paid with extension Form IT-370 64 65 Add lines 56 through 64. This is the total of your payments Refund - If line 65 is more than line 55, figure your refund. (see instructions)	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return. 65 637. 4 You can choose to have your refund sent directly to your bank account.
Par 56 57 58 59 60 61 62 63	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 55 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-214, line 17; attach form) 58 City of NY School Tax Credit (also complete (E) on page 1; see Instructions) 59 Other refundable credits (from Form IT-201-ATT, Part IV, line 72) 60 Total New York State tax withheld 61 62 Total city of New York tax withheld 63 Total city of Yonkers tax withheld 63 64 Total of estimated tax payments, and amount paid with extension Form IT-370 64 65 Add lines 56 through 64. This is the total of your payments Refund - If line 65 is more than line 55, figure your refund. (see instructions)	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return. 65 637. 68 7
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Pa 56 57 58 59 60 61 62 63	yments and refundable credits (see Instructions) NY State Child and Dependent Care Credit (from Form IT-216; attach form) 55 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-215, attach form) 58 City of NY School Tax Credit (lalso complete (E) on page 1; see Instructions) 59 Other refundable credits (from Form IT-201-ATT, Pert IV, line 72) 60 Other refundable credits (from Form IT-201-ATT, Pert IV, line 72) 60 Total New York State tax withheld 61 63 7 Total city of New York tax withheld 52 Total city of Yonkers tax withheld 53 Add lines 56 through 64. This is the total of your payments Refund - If line 65 is more than line 55, figure your refund. (see instructions) 64 Subtract line 55 from line 65. This is the amount you overpaid 7 Amount of line 66 that you want refunded to you 7 Amount of line 66 that you want refunded to you 8 68 Estimated tax only Amount of line 66 that you want applied to your 2001 estimated tax. (Do not include any amount that you calmed are a refund on line 67) 65 Amount you owe - If line 65 is less than line 55, figure the amount you owe (see instructions) 69 Subtract line 55 from line 55. This is the amount you owe. (Make check or money order payable to NY State Income Tax write your social security number and 2000 income Tax on It.) Owe 70 Estimated tax penalty (Include this amount in line 69 or reduce the overpayment on line 66. See instructions.) 70 Estimated tax penalty (Include this amount in line 69 or 70 Formula Signature (I joint (shur))	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return. 65 637. 68 7 You can choose to have your return sent directly to your bank account. See instructions and fill in lines 67a, b, and c. See instructions for the proper assembly of your return and attachments. 89 293. Sign your return below.
Pa 56 57 58 59 60 61 62 63	NY State Child and Dependent Care Credit (from Form IT-216; attach form) 56 NY State Earned Income Credit (from Form IT-215, attach form) 57 Real Property Tax Credit (from Form IT-214, line 17; attach form) 58 City of NY School Tax Credit (flom Form IT-214, line 17; attach form) 58 Other refundable credits (from Form IT-214, line 17; attach form) 59 Other refundable credits (flom Form IT-201-ATT, Part IV, Iline 72) 59 Other refundable credits (flom Form IT-201-ATT, Part IV, Iline 72) 59 Other refundable credits (flom Form IT-201-ATT, Part IV, Iline 72) 50 Total New York State tax withheld 51 Total city of New York tax withheld 52 Total city of Yonkers tax withheld 53 64 Total city of Yonkers tax withheld 53 65 Add tines 55 through 64. This is the total of your payments Refund 19 line 65 is more than line 55, figure your refund. (see instructions) 66 Subtract line 55 from line 65. This is the amount you overpaid 57 Amount of line 66 that you want refunded to you 51 Amount of line 66 that you want refunded to you 51 Amount you owe 11 line 65 is less than line 55, figure the amount you owe (see instructions of 15) 67 Amount you owe 11 line 65 is less than line 55, figure the amount you owe (see instructions 15) 68 Subtract line 55 from line 55. This is the amount you owe. (Make check or money order payable to 15) Amount you owe 11 line 65 is less than line 55, figure the amount you owe (see instructions 15) 69 Subtract line 55 from line 55. This is the amount you owe. (Make check or money order payable to 15) Amount you owe 15 from line 65. See instructions.) 70 Estimated tax penalty (Include this amount in line 59 or reduce the overpayment on line 66. See instructions.) 70 I authorize the 15x Department to discuss this return with the paid preparer listed below. (Mark the yea or No box; see instructions.) 15x pour 15x pou	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return. 65 637. 68 7 You can choose to have your refund sent directly to your bank account. See instructions and fill in lines 67a, b, and c. See instructions for the proper assembly of your return and attachments. 69 293. Sign your return below. X Yes No
Pa 56 57 58 59 60 61 62 63	NY State Child and Dependent Care Credit (from Form IT-216; attach form) NY State Child and Dependent Care Credit (from Form IT-216; attach form) NY State Earned Income Credit (from Form IT-215, attach form) Real Property Tax Credit (from Form IT-214, line 17; attach form) State Earned Income Credit (from Form IT-214, line 17; attach form) State Property Tax Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-215, attach form) State Income Credit (from Form IT-215, attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214, line 17; attach form) State Income Credit (from Form IT-214	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return. 65 637. 4 You can choose to have your return sent directly to your bank account. See instructions and fill in lines 67a, b, and c. See instructions for the proper assembly of your return and attachments. 89 293. Sign your return below. X Yes No Daytime Phone Number toptiona 5167731473
Pa 56 57 58 59 60 61 62 63	NY State Child and Dependent Care Credit (from Form IT-216; attach form)	Mail your completed return for State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return. 65 637. 68 7 You can choose to have your refund sent directly to your bank account. See instructions and fill in lines 67a, b, and c. See instructions for the proper assembly of your return and attachments. 89 293. Sign your return below. X Yes No Daytime Phone Number toptiona 5167731473 d Address & CO., LLP
Pa 56 57 58 59 60 61 62 63 Fe	NY State Child and Dependent Care Credit (from Form IT-215; attach form)	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return. 65 637. 68 7 You can choose to have your refund sent directly to your bank account. See instructions and fill in lines 67a, b, and c. See instructions for the proper assembly of your return and attachments. 89 293. Sign your return below. X Yes No Daytime Phone Number toptiona 5167731473 d Address © CO. LLP
Pa 56 57 58 59 60 61 62 63	NY State Child and Dependent Care Credit (from Form IT-215; attach form)	Mail your completed return to: State Processing Center P.O. Box 61000 Albany NY 12261-0001 Staple your wage and tax statements at the bottom of page 1 of this return. 65 637. 68 7 You can choose to have your refund sent directly to your bank account. See instructions and fill in lines 67a, b, and c. See instructions for the proper assembly of your return and attachments. 89 293. Sign your return below. X Yes No Daytime Phone Number toptiona 5167731473 d Address © CO. LLP

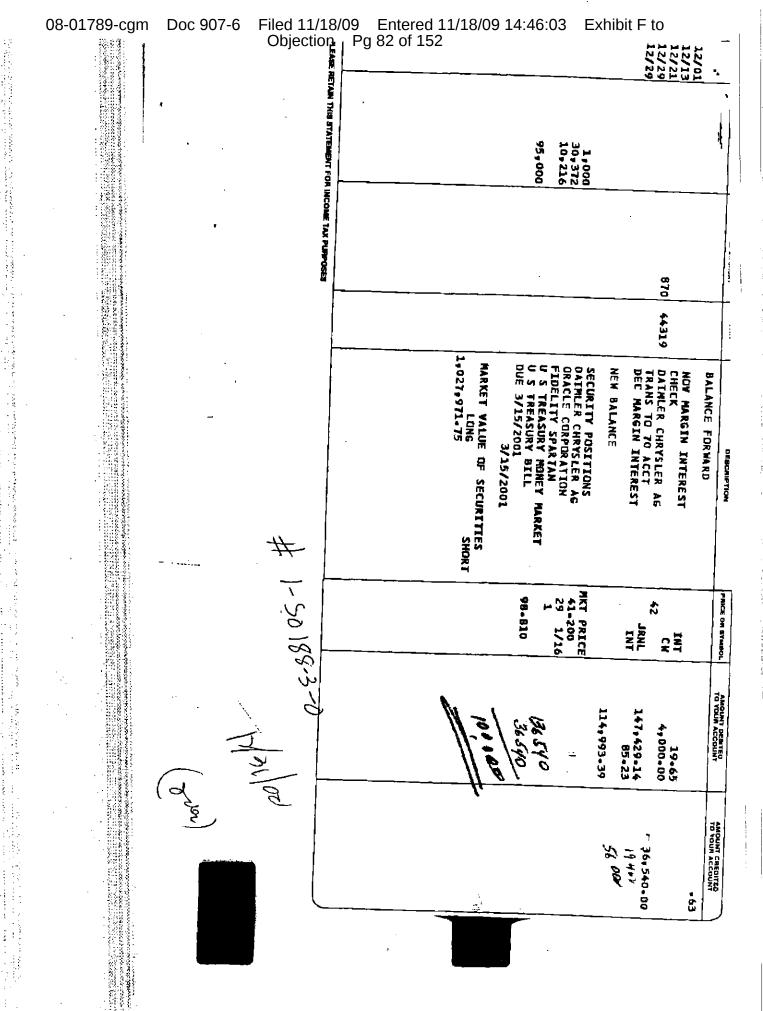


Exhibit F

1040	Department of the Treasury — Internal Revenue Service	
-orm 1040		Do not write or staple in this space.
F	For the year Jan 1 - Dec 31, 2003, or other tax year beginning , 2003, ending , 20 Your first name , 20	OMB No. 1545-0074
Label		Your social security number
(See instructions.)	SYLVIA M SAMUELS If a inject return shoulde's first name MI Last name	<u>. </u>
Use the	If a joint return, spouse's first name MI Last name	Spouse's social security number
RS label. { Otherwise, {	And an in the second se	
nlease print	Home address (number and street), If you have a P.O. box, see instructions. Apartment no.	▲ Important! ▲
or type.	7635 SOUTHAMPTON TERRACE 307 City, there or post office, if you have a foreign address, see instructions. State ZIP code	You must enter your social security number(s) above.
		Secondy holitoci (3) above.
Presidential Election	TAMARAC FL 33321	
Campaign	Note: Checking 'Yes' will not change your tax or reduce your refund.	
(See instructions.)	Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Filing Status	1 X Single 4 Head of household (with qual instructions.) If the qualifying	
•	2 Married filing jointly (even if only one had income) but not your dependent, enter	r this child's
Check only	3 Married filing separately. Enter spouse's SSN above & full name here .	111 (2)
one box.	name here . • 5 Qualifying widow(er) with dependent	
Exemptions	6a X Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a	Na. of boxes checked on
_x4111P114113		So and 6b
	b Spouse (2) December (2) December (4)	Vil on 6c who:
	c Dependents: social security relationship quali	ilying • II
	number to you child it	of child with you
	(1) First name Last name (see	instrs) • did not
		live with you due to divorce
		or separation (see instrs)
If more than		Dependents
five dependents, see instructions.		on 5c not entered above .
		Add numbers
	d Total number of exemptions claimed	on lines
	7 Wages, salaries, tips, etc. Attach Form(s) W-2	T
Income	8a Taxable interest. Attach Schedule B if required	Ba 15.
	b Tax-exempt interest. Do not include on line 8a	
Attach Forms	9 a Ordinary dividends. Attach Schedule B if required	9a 1,285.
W-2 and W-2G	b Quality divis	[36]
here. Also attach Form(s) 1099-R i	10 Matthe Lightlitz* Classics in clister of are recent decent face upprecedule.	. 10
tax was withheld	L 11 Alimony received	11
	12 Business income or (loss). Attach Schedule C or C-EZ	12
If you did not	13 a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13a -3,000.
get a W-2, see	b II bos on I la is checked, enter post-May 5 ceptal gain distributions	
instructions.	14 Other gains or (losses). Attach Form 4797	156 1,000.
	15a IRA distributions	15b 1,000. 16b 18,354.
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17
England bullet	18 Farm income or (loss). Attach Schedule F	18
Enclose, but do not attach, any	19 Unemployment compensation	19
payment, Also,	20 a Social security benefits	20b
please use Form 1040-V.	21 Other income NET OPERATING LOSS	21 -2,317.
	22 Add the amounts in the far right column for lines 7 through 21. This is your total income.	22 18,549.
	23 Educator expenses (see instructions)	
Adjusted	24 IRA deduction (see instructions)	
Gross Income	25 Student loan interest deduction (see instructions)	
come	26 Tuition and fees deduction (see instructions)	
	27 Moving expenses. Attach Form 3903	[7] [7] [7]
	28 One-half of self-employment tax. Attach Schedule SE 28	
	29 Self-employed health insurance deduction (see instrs)	
	30 Self-employed SEP, SIMPLE, and qualified plans	
	31 Penalty on early withdrawal of savings	
	32 a Alimony paid b Recipient's SSN ►	_ 73
		34 18,549.
	age : Bulburgut Hilly عن الإنجاز عند المناطقة عند المناطقة عند المناطقة ال	1-1, 20,272.

08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 85 of 152

Form 1040 (2003)	SYLVIA M SAMUELS	Page 2
Tax and	35 Amount from line 34 (adjusted gross income)	35 18.549.
Credits	36 a Check X You were born before January 2, 1939, Blind. Total boxes	
Cicuity	if: Spouse was born before January 2, 1939, Blind. checked ► 36 a 1	. •
Standard	bilf you are married filing separately and your spouse itemizes deductions,	
Deduction for —	or you were a dual-status alien, see instructions and check here 36b	:1
 People who 	_	37 8,926.
checked any box on line 36a or	38 Subtract line 37 from line 35	38 9,623.
365 or who can	to the state of th	3,000
be claimed as a	40 Taxable income. Subtract line 39 from line 38.	39 3,050.
dependent, see instructions.	If line 39 is more than line 38, enter -0	6,573.
B All -45	41 Tax (see instrs). Check if any tax is from a Form(s) 8814 b Form 4972	41 658.
 All others: Single or Married 	42 Alternative minimum tax (see instructions). Attach Form 6251	42 0.
filing separately,	43 Add lines 41 and 42	43 658.
\$4,750	44 Foreign tax credit. Attach Form 1116 if required	
Married filing	45 Credit for child and dependent care expenses. Attach Form 2441	'. I
jointly or Qualifying	46 Credit for the elderly or the disabled. Attach Schedule R 46	· 1
widow(er),	47 Education credits. Attach Form 8863	
\$9,500	48 Retirement savings contributions credit. Attach Form 8880 48	1
Head of	49 Child tax credit (see instructions)	, 1
hausehold,	50 Adoption credit. Attach Form 8839	. •
\$7,000	51 Credits from: a Form 8396 b Form 8859	
	52 Other credits. Check applicable box(es): a Form 3800	
	b Form c Specify 52	
	53 Add lines 44 through 52. These are your total credits	53
	54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0	54 658
	55 Self-employment tax. Attach Schedule SE	55
Other	56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56
Taxes	57 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57
	58 Advance earned income credit payments from Form(s) W-2	58
	59 Household employment taxes. Attach Schedule H	59
	60 Add lines 54-59. This is your total tax	60 658.
Payments	61 Federal income tax withheld from Forms W-2 and 1099 61 1, 243.	
If you have a	62 2003 estimated tax payments and amount applied from 2002 return	
qualifying child, attach	63 Earned income credit (EIC)	
Schedule EIC.	64 Excess social security and tier 1 RRTA tax withheld (see instructions) 64	
L	65 Additional child tax credit. Attach Form 8812	
	66 Amount paid with request for extension to file (see instructions)	
		1 747
	68 Add lines 61 through 67. These are your total payments	68 1,243.
Refund	69 If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69 585.
Direct deposit?	70 a Amount of line 69 you want refunded to you	70a 585.
See instructions and fill in 70b.	► b Routing number XXXXXXXX	100
70c, and 70d.	▶ d Account numberXXXXXXXXXXXXXXX	が: : 大魔 - 込み
	71 Amount of line 69 you want applied to your 2004 estimated tax	1 1
Amount	72 Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instructions	/2
You Owe	73 Estimated tax penalty (see instructions)	· · · · · · · · · · · · · · · · · · ·
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?	nplete the following.
Designee	Designee's Phone	Personal identification number (PIN)
~-		
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of prepares (other than taxpayer) is based on all information of which pr	eparer has any knowledge.
Here Joint return?	Your signature Date Your occupation	Daytime phone number
See instructions.	TEACHING ASST	
Кеер а сору	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	
for your records.	<u> </u>	
	Prenarer's h	Preparer's SSN or PTIN
Pai d	Preparer's signature Check if self-employed	
Preparer's	Firm's name Di Rocco & Company, CPA, PA	
Use Only	(or yours if self-employed) 6601 NW 14th Street, Suite 3	<u>58-2674722</u>
	address, and Plantation FL 33313 Phone n	
·		Form 1040 (2003)

SCHEDULE	A		ltem	ized Deductions	•			OMB No. 1545-0074		
(Form 1040)				Remized Deductions						
Department of the Treasury Internal Revenue Service (99)				 Attach to Form 1940. See Instructions for Schedule A (Form 1949). 						
Name(s) shown on F		` ′		<u> </u>		Your	Social sect	07		
SYLVIA M S	AMI	IELS						•		
Medical			on. Do not include expenses reimburg	sed or paid by others.			1 1			
and		Medica	l and dental expenses (see instructions)		1	704.	}			
Dental Expenses	2	Enter a	mount from Form 1040, line 35 2	18,549.			1			
Expenses	3		aly line 2 by 7.5% (.075)		3	1,391	J I			
	4	Subtr	act line 3 from line 1. If line 3 is more	e than line 1, enter -0			4	0.		
Taxes You	5		and local income taxes		5		J. 5			
Paid	6	Real	estate taxes (see instructions)		6		1 (i.e.			
(See	7		nal property taxes		7		7			
instructions.)	8	Other	taxes. List type and amount 🟲 🔃							
					8]			
	9_		ines 5 through 8		<u>.</u>		9			
Interest	10		mtg interest and points reported to you on Form		10	7,453	_[[
You Paid	11	tf pai instru	e mortgage interest not reported to yo d to the person from whom you bough actions and show that person's name, address ►	ht the home, see						
(See instructions.)							1. 1			
mad delibra.y]			
Nata					11		1: 1			
Note. Personal	12	Points	not reported to you on Form 1098. See instrs fo	or spcl rules	12					
interest is			stment interest. Atlach Form 4952 if re	· · · · · · · · · · · · · · · · · · ·			1 1			
not deductible.			nstrs.)		13	1,300	.1 [
	14		lines 10 through 13				. 14	8,753.		
Gifts to	15	Giffe	by cash or check. If you made any gi	ift of \$250 or more.	•		1			
Charity			nstructions		15	<u>1</u> 73	_			
If you made		.	U . b b as about 16 pp., 414 p4	TOEO or			1			
a gift and	16	Othe	r than by cash or check, If any gift of , see instructions. You must attach F	5230 07 form 8283 if			}			
gol a benefit for it, see			\$500		16	<u></u> ,	_			
instructions.	17	Carr	yover from prior year		17		_l=#			
	18	Add	lines 15 through 17	<u></u>		····	. 18	173.		
Casualty and										
Theft Losses	19	Cast	alty or theft loss(es). Attach Form 45	84. (See instructions.)		<u> </u>	. 19			
Job Expenses	20	Hore	imbursed employee expenses — job t	travel, union dues.						
and Most Other	20	job e	ducation, etc. Attach Form 2106 or 2	106-EZ if	1 1,21					
Miscellaneous	i	requ	ired, (See instructions.)							
Deductions				. 	-,		t. 42			
				. .	20					
	21		preparation fees		21	225	<u>. </u>			
(See	22	Othe	er expenses – investment, safe depos	sit bax, etc. List	Ŷ?		Si			
instructions.)		type	and amount P		프로 X ille					
					22					
	23		lines 20 through 22		23	225				
	24		amount from Form 1040, line 35 24		.		1 mm 3			
	25		iply line 24 by 2% (.02)		25	371		_		
	26		tract line 25 from line 23. If line 25 is		· -0	<u></u>	. 26	0.		
Other	27	Othe	er – from list in the instructions. List	type and amount 🟲 💹 _						
Miscellaneous Deductions	•									
				 			27			
Total	28	ls F	orm 1040, line 35, over \$139,500 (ove	er \$69,750 if MFS)?						
Itemized Deductions		X	No. Your deduction is not limited. A for lines 4 through 27. Also, ent				→ 28	8,926.		
			Yes. Your deduction may be limited.	See instructions for the	атоли	t to enter.				

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SCHEDULE D (Form 1040)

Capital Gains and Losses

2003

Department of the Treasury Internal Revenue Service (Name(s) shown on Form 1040

Your social security number

art I	Short-T	erm Capital	Gains ai	IO LO	2262 - H22612 I	neiu One real	Or L	<u> </u>	<u> </u>
prope	Description of orly (Example: hares XYZ Co)	(b) Date acquired (Mo, day, yr)	(C) Date s (Mo. day,	old	(d) Sales price (see instructions)	(e) Cost or other ba (see instructions)	sis	(f) Gain or (loss) for the antire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1 BE	ERNARD MAC	OFF 11/25/03	11/25/	03	548,653.	568,5	41.	-19,888.	-19,888
			-						
2 Er	nter your short- om Schedule D	term totals, if a	¬y,	2					
Αc	dd lines 1 and 2	sales price amo 2 in column (d)		3	548,653.	4584		:	
4 St 67	hort-term gain t 781, and 8824	from Form 6252	and short-	term g	ain or (loss) from Fo	rms 4004,	4		
5 Ne	et short-term g om Schedule(s	ain or (loss) from	m partnersi	ips, S	corporations, estate	s, and trusts	5		
20	002 Capital Los	s Carryover Wo	rksheet	• • • • • •	nt, if any, from line 8		6	-779,226.	
7aCc	ombine lines 1	through 5 in col	umn (g). If	the res	sult is a loss, enter th	ne result.	7 a	, ,	-19,88
bNe	et short-term c	apītal gain or (k	oss), Comb	ine line	s 1 through 6 in colu	ımn (f)	ь	-799,114.	· · · · · · · · · · · · · · · · · · ·
art i	l Long-				osses - Assets				(0) 0
prop) Description of perty (Example; shares XYZ Co)	(b) Date acquires (Mo, day, yr)	(C) Date (Mo. day		(d) Sales price (see Instructions)	(e) Cost or other to (see instructions		(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8 B	BERNARD MA	Various	Variou	12	7, 192, 166.	6,621,	257.	570,909.	
		 							
		 			<u> </u>	 			
9 5	Enter your long	term totals, if a	iny.	T ,					
10 T	Cotal long-term	term totals, if a	ounts.	9	7,192,166,				
10 1	Fotal long-term Add lines 8 and	sales price am 19 in column (d)	ounts.	10	7, 192, 166. Forms 2439 and 62 and 8824		11		
10 T	Fotal long-term Add lines 8 and Gain from Form ong-term gain	sales price am 19 in column (d) 14797, Part 1; Ic or (loss) from F	ounts.)ong-term ga orms 4684, m partners	10 in from 6781, hips, S	Forms 2439 and 62	252; and	1		
10 T A 11 C H 12 M	Fotal long-term Add lines 8 and Gain from Form ong-term gain Net long-term g trusts from Sch	sales price am 19 in column (d) 14797, Part I; Ic or (loss) from F gain or (loss) fro edule(s) K-1	ounts.) ong-term ga orms 4684, m partners	10 from 6781, hips, S	n Forms 2439 and 62 and 8824	252; and	11		
10 T A	Fotal long-term Add lines 8 and Gain from Form ong-term gain Net long-term g trusts from Sch Capital gain distrib	sales price am 19 in column (d) 14797, Part I; Ic or (loss) from F gain or (loss) fro edule(s) K-1	ounts.) ong-term ga orms 4684, m partners	in from 6781,	and 8824	252; and es, and	11 12 13		
10 T A 11 C 12 P t 13 C 74 L	Fotal long-term Add lines 8 and Gain from Form ong-term gain Net long-term g trusts from Sch Capital gain distribut Long-term capit	sales price am 19 in column (d) 14797, Part 1; Ic or (loss) from F gain or (loss) fro edule(s) K-1 utions. See instrs tal loss carryover	ounts.) ong-term ga orms 4684, m partners er. Enter th	10 from 6781, hips, S	n Forms 2439 and 62 and 8824	252; and es, and	11 12 13		

*Include in column (g) all gains and losses from column (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain, 'collectibles gains and losses' (as defined in the instructions) or eligible gain on qualified small business stock (see instrs).

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Sched	ule D (Form 1040) 2003 SYLVIA M SAMUELS		Page 2
Part	III Taxable Gain or Deductible Loss		
	Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below	17a	-228,205.
Ь	Combine lines 7a and 15. If zero or less, enter -0 Then complete Form 1040 through line 40	17Ь	O.
	Next: ■ If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line 9b, complete		<u> </u>
	Part IV below. Otherwise, skip the rest of Schedule D and complete the rest of Form 1040.		
	If line 17a is a loss, enter here and on Form 1040, line 13a, the smaller of (a) that loss or (b) (\$3,000)		
10	(or, if married filing separately, (\$1,500)) (see instructions)	18	-3,000.
	Next, • If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and		
	then complete Part IV below (but skip lines 19 and 20). Otherwise, skip Part IV below and complete the rest of Form 1040.		•
_		· '	····
Par			· · · · · · · · · · · · · · · · · · ·
	If line 16 or line 17a is zero or less, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.		
70	Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet in the instructions	.l 19 [
79	Enter your 28% rate gain, if any, from line 7 of the worksheet in the instructions.	20	
20	If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet in the Instructions to figure the	amount	to enter on lines 35
	and 53 below, and skip all other lines below.		
21	Enter your taxable income from Form 1040, line 40	. 21	
22	Enter the smaller of line 16 or line 17a, but not less than zero	_	
23	Enter your qualified dividends from Form 1040, line 9b	1 !	
24	Add lines 22 and 23	_	
25	Amount from line 4g of Form 4952 (investment interest expense)	_	
26	Subtract line 25 from line 24, If zero or less, enter -0-		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27	
28			
	• \$56,800 if married filing jointly or qualifying widow(er);	1.5	
	\$28,400 if single or married filing separately; or	-	
	• \$38,050 if head of household		
	If line 27 is greater than line 28, skip lines 29 through 39 and go to line 40.	7.5	A STATE OF THE STA
29		- 1	
30	Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40	ㅓ [and the second second
31	Enter the smaller of line 30 or line 31	1.10	
32 33	Little the smaller of the South	∷ 33 \	
33	If lines 30 and 32 are the same, skip lines 34 through 39 and go to line 40.	5	
34	Subtract line 32 from line 30	_	
35	Enter your qualified 5-year gain, if any, from line 8		
	of the worksheet in the instructions		
36	Lines the smaller of the so	. 37	
37	Subtract line 36 from line 34	1 5	
38 39		. 39 '	
37	If lines 26 and 30 are the same, skip lines 40 through 49 and go to line 50.	(본) 기업 후	
40			
41	= 1 a no gradina and in blands and a A1	_ ***	
42	Subtract line 41 from line 40		
43	Add lines 17b and 23*		
44	Enter the amount from line 32 (if line 32 is blank, enter -0-) 44	15 EN	
45	Subtract line 44 from tine 43		
46	Enter the smaller of line 42 or line 45	_	
47	Multiply line 46 by 15% (.15)	47	
48	Subtract line 46 from line 42		-
49	Multiply line 48 by 20% (.20)	49	
50	Figure the tax on the amount on line 27. Use the Tax Table or Tax Rate Schedules, whichever applies	50	
51	Add lines 33, 37, 39, 47, 49, and 50	51	-
52			
53	Tax on all taxable income. Enter the smaller of line 51 or line 52 here and on Form 1040, line 41	53	

^{*}If lines 23 and 25 are more than zero, see instructions for the amount to enter.

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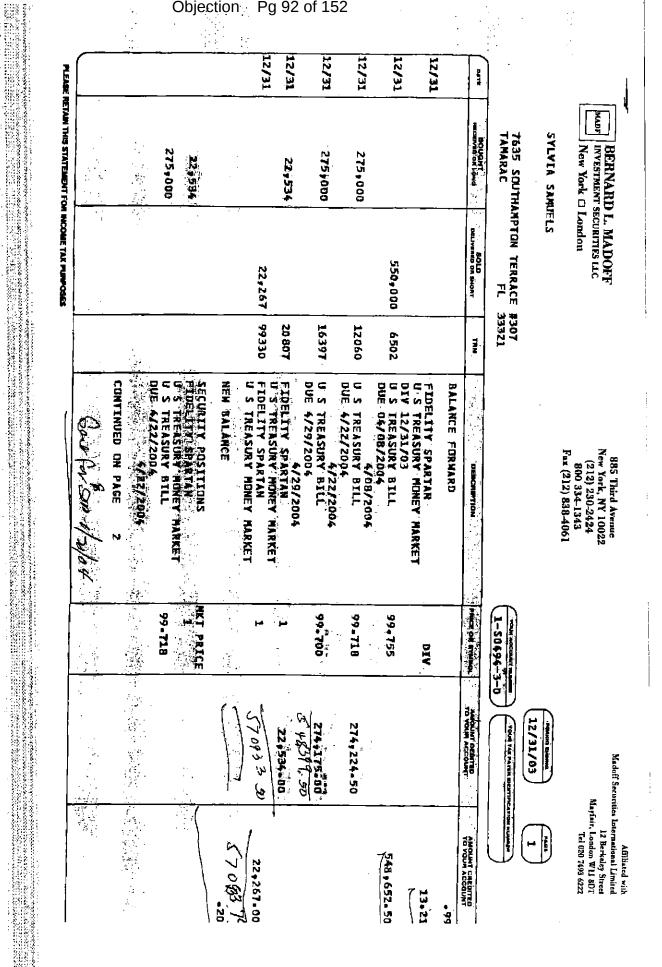
Form 4952	OMB	3 No. 1545-0191		
Department of the Treasury	2	2003 12B		
nternal Revenue Service Name(s) shown on return	► Attach to your tax return	·	identifying numb	
SYLVIA M SAMUELS			, , , , , , , , , , , , , , , , , , , ,	
	stment Interest Expense		-	
1 Investment interest e	expense paid or accrued in 2003 (see instructions)	•••••	1	
2 Disallowed investment	nt interest expense from 2002 Form 4952, line 7	*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	60,026.
3 Total investment into	erest expense. Add lines 1 and 2		_3	<u>60,</u> 026.
Part II Net invest	ment Income			
4a Gross income from p the disposition of pro	property held for investment (excluding any net gain from operty held for investment)	. 4a 1,3	300.	
b Qualified dividends i	ncluded on line 4a	. 4ь		
c Subtract line 4b from	n line 4a		4c	1,300.
	sposition of property held for investment	. 4d		
e Enter the smaller of property held for inv	line 4d or your net capital gain from the disposition of estment (see instructions)	4e		
f Subtract line 4e from	n line 4d		41	
g Enter the amount fro	om lines 4b and 4e that you elect to include in investment in	come (see instructions).	4g	
h investment income.	Add lines 4c, 4f, and 4g		4h	1,300.
5 Investment expense	s (see instructions)		5	
6 Net investment inc	ome. Subtract line 5 from line 4h. If zero or less, enter -0	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	6	1,300.
Part III Investme	nt Interest Expense Deduction			
7 Disallowed investment or less, enter -0	ent interest expense to be carried forward to 2004. Subtract I	line 6 from line 3. If zero	7	58,7 <u>26</u> .
	t expense deduction. Enter the smaller of line 3 or 6. See in	structions	8	1,300.
BAA For Paperwork Rec	duction Act Notice, see separate instructions.			Form 4952 (2003

Form 1040 Line 21	Other Income Statement	2003 Statement
ame(s) Shown on Return YLVIA M SAMUELS		Social Security Number

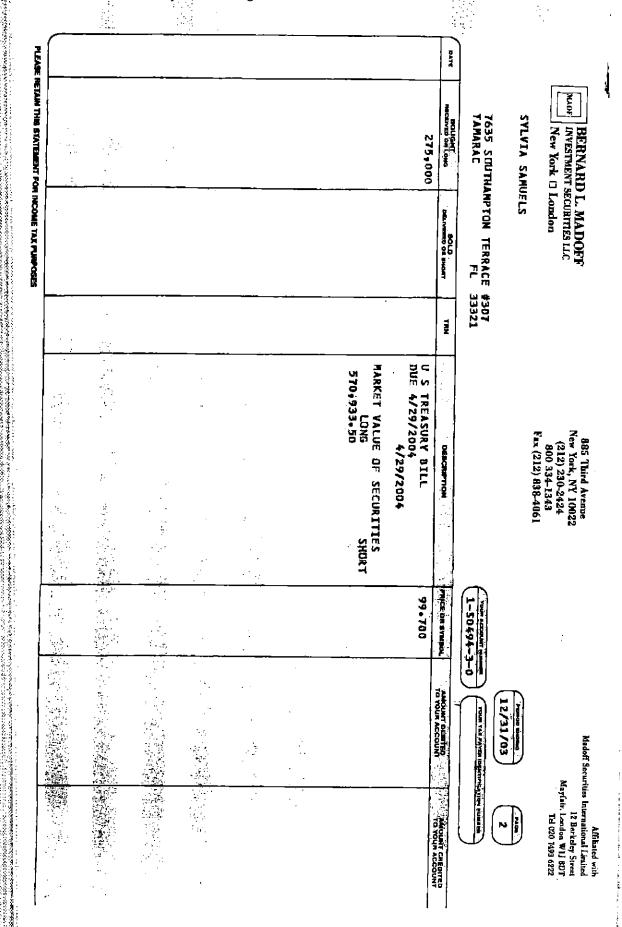
		(a) Taxpayer	(b) Spouse
1	Child's investment income, from Farm 8814		
2	Gambling winnings:		
	From Form W-2G		
	Not reported on Form W-2G		
3	Taxable income from Form 1099-MISC:		
_	Substitute payments in lieu of interest or dividends		
	Other income, prizes, awards, etc.		
-	Alaska Permanent Fund		
4	Taxable qualified tuition program distributions from		
7	Form 1099-Q	}	}
5	Taxable Grants from Form 1099-G		
6	Taxable Coverdell ESA distributions from Form 1099-Q		
7	Foreign earned income and housing exclusion, from Form 2555		
8	Net operating loss carryover from a prior year SEE STMT	-2,317.	
9	Other income, from Schedule(s) K-1		
10	Taxable distribution from Archer Medical Savings Accounts,		
	and Long-Term Care Insurance Contracts, from Form 8853		
11	Refunds or reimbursements of deductions claimed		
	in a prior year:		
	Reimbursement for deducted medical expenses		
ь	Refunds of deducted taxes (other than state or local inc. taxes)	1	
	(enter type of tax)		
	Recapture of deducted moving expenses		
	Reimbursement for deducted casualty or theft loss		
	Reimbursement for deducted employee business expenses		
ı	Other refunds or reimbursements		
12	Recoveries of bad debts deducted in a prior year	ı 	
13	Jury duty pay		
14	Bartering income not reported elsewhere		
15	Income from the rental of personal property		
16	Other taxable income:		1
			
17	Total. Add lines 1 through 16. Enter here and on Form		
17	1040, line 21	-2,317.	1
	TOTO: IIII 21		

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SYLVIA M SAMUELS	1
Explanation Statement	
Form/Line: Form 1040 Line 21, Other Income Statement 8 Explanation of: Net Operating Loss Carryforward	
CARRYFORWARD LOSS	



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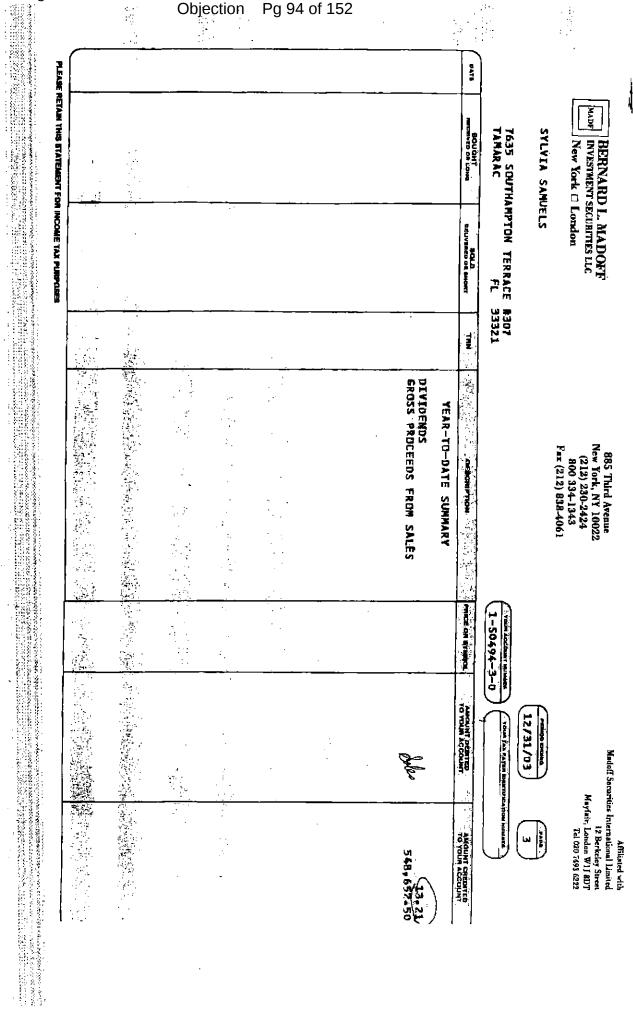


Exhibit G

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Taxpayer's copy

-040	Dep	parlimen	t of the Treasury	Income	i Service Tav	: Retu	m 2004	4	(99)	IRS Use Onl	y — <u>Do n</u>	al write	or staple in this spi
Form 1040	U	<u>.S. I</u>	ndividual	mcome	I GA	1100	, 2004, er		<u> </u>	, 20			IB No. 1545-0074
	For the	year Ja	an 1 - Dec 31, 2004	, or other car yes	MI MI	Last nen					You	nt sock	security number
Label	Your 6	rsi name	•								'		_
(See instructions.)	SYL	/IA			<u>M</u>	SAMU					3P	ouse's	social security nun
	li a jol	nt return	i, spouse's first nam	16	MII								
Use the IRS label.	ļ					inde				voortenent no.		Ā	Important!
Otherwise,			(number and stree			S65 11150	Marie a.			307	١٧	fou m	ust enter your :
please print	1763	s sc	UTHAMPTON	TERRACE	<u></u>		_ 	Str	ate ZIP o		;	securi	ty number(s) al
or type.	City, t	Descri	post office. If you ha	ive a foreign addi	755, SCC	PISTURU	rrs.				- 1		
Presidential	TAM	ARAC	1						T. 33:	321	You		Spouse
Election					ie vout	tax or	reduce your refund \$3 to go to the	und.		▶ □	Yes	□ No	
Campaign (See instructions.)	P	jo von fote: r	Tuecking 163	e if filing a jo	int reb	urn, wa		T		abold full!	muslifu	ÁNA D	erson). (See
		1 X	Signle				→ L			M the gual	18/2001 D	P (2011	15 a CHIIIO
Filing Status	5	2	Married filing ici	naily (even if only	one had	income)		bart o	not vour (jependeni,	enter t	his ch	ild.2
		3	Married filing se	parately. Enter sp	onze,z ;	SSN abov	e & full		e here		ondert r	hild (w	e instructions)
Check only			bora ►								_	7 B	lowes checked
one box.		- F		omeone C20	daim v	/ou as i	a dependent, do	not che	eck box f	ia∙	• • • • •	┡~ ╹	m Sa and Sb
Exemptions		6a 🛚	Spouse			<u></u>	<u> </u>	<u> </u>	<u> </u>		(4)	, - 	lo, of children on 6c who:
		Ь					(2) Dependent		(3) Deper	noents (nship	oughty.	ina '	Uved
		c D	ependents:			ļ	social security	וי	lo y		child for	edik I	vitih you
		-) First name	1	ast na	me					(see in		ive with you
			First name								┸	! (or separation (see instrs)
								¯ I _					Dependents on Sc not
											$\perp \bot$	<u>l</u>	en Schol entend above
if more than four dependen	ite										$oldsymbol{ol}}}}}}}}}}}}}}}$	<u> </u>	Add numbers on lines
. see instruction	15.										<u></u>	<u>.</u>	above
_		<u>d T</u>	otal number of	exemptions	alme		W-2					7	
		7 V	Vages, salaries	, tips, etc. At	tact\ Fo	orm(s)	rired					вa	
. Income						117	n Ka		J u l			44.7	_
		b1	Tax-exempt int	erest. Do not erest. Do not	checkil	e Aifr	equired					9a	4
Attach Form(s)											<u>529.</u>		
W-2 hore. Also			Qualid divs (see instra)	ortik or offsets	of state	and local	income taxes (see i	nstruction	(2		· · • • • • •	10	
attach Forms W-ZG and 1099-	R											11 12	
if tax was withh	eld.										.,	13	-3
If you did not												14	
get a W-2, see instructions.		14	Other gains or	(losses). Alta	och Fo	ш +/Э.	7			unt (see ir	strs)	151	4
266 U20 000011		15a	(RA distribution	15	158	<u> </u>	C 403	h Tava	able amo	ount (see it	ıstrs) .	161	<u> </u>
		16a	Pensions and	annuities	16:	<u> </u>	S commetions	trusts.	. etc. Att	ach Sched	urle, E	. 17	Ĭ
		17	Rental real es	tate, royalties	, paru	ersnips 	F					. 18	
Enclose, but do		18	Unemploymen	or (loss). Alle	AD 301	SCHOOL !						. 19	
not attach, any payment. Also,		19	Unemploymen Social security be	uajija U Coumbarman	. 20			∫ b Тах	able am	ount (see i	nstrs) .	. 20	
please use			Other income —	INDICO								× 21 22	
Form 1040-V.		21 22	Add the amou	ints in the far	right c	olumn	tor lines 7 throu	igh 21. T	This is yo	our total in	come	22	==================================
		_=	Educator AVIN	anses (see in	structio	3NS}			23				
		24	Certain business	දහපයක් ඒ ජෙ	svists, p	erformin	g artists, and fee-ba	sis	24			S	
Adjusted Gross		2-	government offic	ials. Attach Form	2106 or	Z106-EZ			25				
Income		25	IDA deduction	n (see instruc	cons)				26				
		26	Student loan	interest dedu	ction (see ins	tructions)		27				
		27	Tuition and fo	ees deduction	(see i		ions)		28			1	
		28	Health saving	gs account de	EOUTE 7	11. MUZI 1903	31 Furni 0005		29				
		29		-alf_amplovm	ent tax	: Altaci	n Schedule SC		30				
		30	0 15	with insu	ICADOR	deduct	ion (see insus)		31			—	
		31	C-Magazina	MISEP SIME	'LE. ar	ng gua:	nea plans						
		~	Donally on 6	arly withdray	/al of S	avngs	.,		33				
		33		. Basinisada CCI	4	-			<u> </u>				25
		3	6 Subtract line	e 35 from line	22 <u>.</u> T	nis is y	our adjusted gro	122 IIICO			0112 11	/10/04	Form 1
_					. n_J		- Notice SPO II	TENTUCIN	، ختارا ب				

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Form 1040 (2004)	SYLVIA M SAMUELS	Page 2
Tax and	37 Amount from line 36 (adjusted gross income)	13,033.
Credits	38a Check X You were born before January 2, 1940, Blind. Total boxes	
Cledic	, if: Spouse was born before January 2, 1940, Blind. checked > 38a 1	
Standard	b If your spouse itemizes on a separate return, or you were a dual-status	
Deduction	alien, see instructions and check here	
for — ● People who	39 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	10,030.
checked any box	40 Subtract line 39 from line 37	40 3,003.
on line 38a or 38b or who can	41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed	
be claimed as a	on line 6d. It line 37 is over \$107,025, see the worksheet in the instructions	41 3,100.
dependent, see	42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42 0.
instructions.	43 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972	
All others:	44 Alternative minimum tax (see instructions). Attach Form 6251	
Single or Married	l	
filing separately.	1	2000
\$4,850	1	
Married filing	47 Credit for child and dependent care expenses. Attach Form 2441	
iointly or	48 Credit for the elderly or the disabled. Attach Schedule R 48	
Qualifying widow(er),	49 Education credits. Attach Form 8863	
\$9,700	50 Retirement savings contributions credit. Attach Form 8880 50	
ì	51 Child tax credit (see Instructions)	
Head of household.	52 Adoption credit. Attach Form 8839	
\$7,150	53 Credits from a Form 8396 b Form 8859	
1	54 Other credits. Check applicable box(es): a Form 3800	
<u> </u>	·' b Form c Specify	
•	55 Add lines 46 through 54. These are your total credits	. 55
	56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56 0.
	57 Self-employment tax. Attach Schedule SE	. 57
Other	58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	. 58
Taxes	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	. 59
	60 Advance earned income credit payments from Form(s) W-2	
	67 Household employment taxes. Attach Schedule H	. 61
	62 Add lines 56-61. This is your total tax	62 0.
Payments	53 Federal income tax withheld from Forms W-2 and 1099 63	
If you have a	64 2004 estimated tax payments and amount applied from 2003 return	
qualifying	65 a Earned income credit (EIC)	
child, attach Schedule EJC.	b Nontaxable combat pay election ▶ 65 b	
JURIAN DO.	66 Excess social security and tier 1 RRTA tox withheld (see instructions)	
	67 Additional child tax credit. Attach Form 8812	
	68 Amount paid with request for extension to file (see instructions)	
	69 Other prits from: a Form 2439 h Form 4136 c Form 8885 69	
	was Add House 62 Cd 65s, and 66 Househ 60	
	(nest are your wan payments	70
Refund	71 If time 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71
Direct deposit?	These are your total payments 71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid. 72a Amount of line 71 you want refunded to you	 ''-
Direct deposit? See instructions	These are your total payments 71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid. 72 a Amount of line 71 you want refunded to you ▶ b Routing number	71 72a
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Direct deposit? See instructions and fill in 72b, 72c, and 72d. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy	These are your total payments 71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid. 72 a Amount of line 71 you want refunded to you 12 b Routing number	72 a 72 a 74 0. Personal identification number (PIN) best of my knowledge and preparer has any knowledge.
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SCHEDULE .	A		Itemized Deduction	e	0	MB No. 1545-0074
(Form 1 040)			Remized Deduction.	3		2004
Department of the T	reasur.	,	Attach to Form 1040.	1047		-
Internal Revenue Ser	vice	(99)	► See Instructions for Schedule A (Fo			07
Name(s) shown on F	orm 10	40		Your soc	ial securi	ty number
SYLVIA M S	MA			ER 2007		
Medical and	_			700		
Dental	1		I and dental expenses (see instructions)	1 799. E		
Expenses	2			1		
	_		oty line 2 by 7.5% (.075)	977.		•
·	<u>. 4</u>			· · · · · · · · · · · · · · · · · · ·	4	0.
	5	_	and local (check only one box):	5 509.		
- 4			Income taxes, or General sales taxes (see instructions)	- 3 303.		
Taxes You Paid	_		estate taxes (see instructions)	6 2,304.		
			estate taxes (see instructions)	7		
(See	7		r taxes. List type and amount >			
instructions.)	8	Other	Taxes. List type and anount	8		
	9	7.247	ines 5 through 8		9	2,013.
interest	70	Home	mitg interest and points reported to you on Form 1098	10 6,791. 隆		2,013.
You Paid	11	Home	mortnage interest not reported to you on Form 1098.			
	•••	lf pai	d to the person from whom you bought the home, see			
			ections and show that person's name, identifying number,			
_		and a	address >			
(See instructions.)						
HISBOOKO IS.						
Note. Personal			A monthly by up to Form 100P. See instruction and myles	11 2		
interest is	12	Hoints	not reported to you on Form 1098. See instrs for spcl rules	12		
not	13		stment interest. Attach Form 4952 if required.	13 0.		
deductible.	4.6		nstrs.) lines 10 through 13		14	6,791.
<u></u>					***	0,731.
Glfts to Charity	15		by cash or check. If you made any gift of \$250 or more,	15 211.		
			instructions			
if you made a gift and	16	Othe	r than by cash or check. If any gift of \$250 or s, see instructions. You must attach Form 8283 if			
got a benefit		COARE	\$500	16 215.	756	
for It, see instructions.	17		yover from prior year		45	
II ISU DELIGI IS.	18	Add	lines 15 through 17	·	18	426.
Carrotte	10	Aud	miles 15 audugii 17		''' -	420,
Casualty and Theft Losses	19	Casu	alty or theft loss(es). Attach Form 4684. (See instructions.).		19	
Job Expenses			imbursed employee expenses — job travel, union dues,			
and M ost	20		embursed employee expenses — job daver, union does, education, etc. Attach Form 2106 or 2106-EZ if			
Other Miscellaneous		•	ired. (See instructions.)			
Deductions		•				
				20	4.5	
	21	 T=~	preparation fees	. 21 225.		
_	22		er expenses — investment, safe deposit box, etc. List			
(See instructions,)			and amount			
		Q.F-		22	.05	
	23	Σdd.	lines 20 through 22	23 225.		
			amount from Form 1040, line 37 24 13, 033			
	24		iply line 24 by 2% (-02)	. 25 261.		
	25 26		• •		26	^
	26		tract line 25 from line 23. If line 25 is more than line 23, ente	4 -10		0.
Other	. 27	Uthe	er — from list in the instructions. List type and amount >			
Miscellaneous Deductions	•					
					27	
Total Itemized	28	is Fo	orm 1040, line 37, over \$142,700 (over \$71,350 if MFS)?	1		
nemized Deductions				· · · · · · · · · · · · · · · · · · ·		
		X	No. Your deduction is not limited. Add the amounts in the fafor lines 4 through 27. Also, enter this amount on Form		20	10 070
		П.	Yes. Your deduction may be limited. See instructions for the	· 1 L	28	10,030.
		البا	Test Total Germanott that he willied. See mandedolis for the	CHINDLE CONTROL	100	

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Size instructions for Form 1040, line 8a.)	Schedule A & B (F	orm	1040) 2004	OME NO			Pag	<u>e 2</u>
Schedule B — Interest and Ordinary Dividends 1 List name of payer. If any interest is from a seller financed mortage and the purper used the property size a personal recidence, see the instructions and list, this interest first. Also, show that buyer's social security number and address. See instructions See instructions See instructions See instructions And the property size a personal recidence, see the instructions and list, this interest first. Also, show that buyer's social security number and address. 1	Name(s) shown on Forr	n 1040	l,	Your so	icial a	recurity mamber		
Part I 1 List name of payer. If any interest is from sieller financed mortgage and the buyer used the property as a personal residence and is first limitered field. Also, strow that Loyd's social security number and actives. Size instructions for Form 1040, line 8a.) 1	SYLVIA M SA	MUE	LS	<u> </u>		_		
the property as a personal residence, see the instructions and list this interest mist. Also, show that buyer's social security number and address. See instructions for Form 1040, line 8a.)			Schedule B — Interest and Ordinary Dividends				08	-
the property as a personal residence, see the instructions and list this interest mist. Also, show that buyer's social security number and address. See instructions for Form 1040, line 8a.)		1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used		Т	Атю	unt	
for Form 1040, line 6a.) In 6a. If you provide the second of the second	lnterest	•	We are a Arrangal registering see the instructions and list this interest tirs! Also					
Note: If you promises the first agreement in the state of					-		_·	<u> </u>
Topology of the amounts on line 1 2 Add the amounts on line 1 3 Excitation in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short in the short short short in the short	line 8a.)				t			
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Trusts For Aid the amounts on line 1 2 Add the amounts on line 1 3 Excludable interest or series EE and I U.S. savings bonds issued after 1989. 4 Attach Form 8815 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a 4 Amount 5 List name of payer BERNARD L MADOFF Ordinary Dividends 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a Area of the same of the form of the same of the form of the same of the form of the same of the form of the same of the form of the same of the form of the same of the form of the same of the foreign country. It is a foreign account? See instructions for Form 1040, line 9a 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account? The same of the foreign country. It is a foreign accountry or the same of the foreign country. It is a foreign accountry or the same of the foreign country. It is a foreign accountry. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign accountry and the same of the foreign country. It is a foreign acco	1099-OID, or substitute statement			. 🗀				
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Fart II Part III Foreign Accounts and Trusts S List name of payer BERNARD L. MADOFF 4, 529. 4, 529. 4, 529. 4, 529. 4, 529. 4, 529. 4, 529. 4, 529. 5 Add the amounts on line 5. Enter the total here and on Form 1040, tine 9a 6 4, 529. Note. If line 6 is over \$1,500, you must complete Part III. Part III Foreign Accounts and Trusts 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form ID F 90-22.1 B Dating 2004, did you never you the granter of, or a transferor to, a foreign trust?				🏲	4	A		
Part II Foreign Accounts and Trusts EERNARD L MADOFF 4,529. 4,529. 4,529. 4,529. 4,529. 4,529. 4,529. 4,529. 4,529. 4,529. 4,529. 4,529. 4,529. 4,529. 5 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a 7 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a 8 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a 9 Note. If line 6 is over \$1,500, you must complete Part III. 9 Accounts and first present if you (a) had over \$1,500 of taxable interest or ordinary dividencts; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign frust. 7 a At any time during 2004, did you here an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 8 But 90 2004 did you here an interest in or a signature or other authority over a financial account for exceptions and filing requirements for Form TD F 90-22.1 8 But 90 2004 did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?					ŀ	Amo	unt	
See instructions for Form 1040, Inne 9a.		5			ŀ		4 50	
See instructions for Form 1040, line 9a.) Note. If you received a Form 1059-01 or instruction of the purpose o			BERNARD L MADOFF				4,54	9.
Instructions for Form 1040, line 9a.) Note. If you received a Form 1039-01/for authorities statement from a breakenger range as the payer and enter the order by dividents atom on that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040, tine 9a. 6 4, 529 Note. If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign frust. Yes No Trusts (See instructions.) In Yes, enter the name of the foreign country. In Yes, enter the name of the foreign country. In Yes, enter the name of the foreign country. In Yes, enter the name of the foreign country. In Yes, enter the name of the foreign country. In Yes, enter the name of the foreign country. In Yes, enter the name of the foreign country. In Yes, enter the name of the foreign country. In Yes, enter the name of the foreign country.	Dividends							
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# During 2004 did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?	(See							
	il Structions.)	1	B During 2004, did you receive a distribution from, or were you the grantor of, or transferd if 'Yes,' you may have to file Form 3520. See instructions	r to, a	fore	ign trust?		7-(

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•					_	
SCHEDULE D (Form 1040)	•	tal Gains and				2004
	ich to Form 1040. Use Schedu le D-1 to		ns for Schedule D (Fo Insactions for lines 1			12
Name(s) shown on Form 1040	 -			Y.	our Bocla	security number
SYLVIA M SAMUELS			<u> </u>	i		
Short-Term Capital G	аіл <mark>s and Loss</mark> es	- Assets He	ld One Year or L	.ess		
(2) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (No, day, yr)	(C) Date sold (Mo, day, yr)	(d) Sales price (see Instructions)	(8) Cost or other b (see Instructions		(f) Guin or (loss) Subtract (e) from (d)
1						
					_	
					3-2-2	
2 Enter your short-term totals, if any,		1 h				The state of the s
3 Total short-term sales price amount column (d)			4504 5703 1 00	24	4	
4 Short-term gain from Form 6252 at 5 Net short-term gain or (loss) from p	nd short-term gain or s	(loss) from Form rations, estates	s 4664, 6761, and 66 and torsts from Sch	24 edule(s) K-1		· · · · · · · · · · · · · · · · · · ·
Worksheet in the instructions					5	-225,205
7 Net short-term capital gain or (loss). Combine lines 1 thr	ough 6 in colum	<u>п (†)</u>		. 7	-225,205
Long-Term Capital G	iains and Losses	- Assets Ho	eld More Than O	ne Year		
(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (No, day, yr)	(C) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other (see instruction		(1) Guin or (loss) Subtract (e) from (d)
8 BERNARD L MADOFF	Various	Various	6,471,400.	6,412,	918.	59,482
					-	
9 Enter your long-term totals, if any,	from Schedule D-1, I	ine 9 9				

page 2

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 2004

58,482.

11

13

14

Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824

Capital gain distributions. See instrs
 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions

15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12

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Schei	dule D (Form 1040) 2004 SYLVIA M SAMUELS) Page 2
217	Summary	
16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	-166,723.
17	Are lines 15 and 16 both gains?	
	Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in	19
	the instructions	
20	Are lines 18 and 19 both zero or blank?	A STATE
	Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040. Do not complete lines 21 and 22 below.	
	No. Complete Form 1040 through line 42, and then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, tine 13, the smaller of:	
	The loss on line 16 or	. 21 -3,000.
	• (\$3,000), or if married filing separately, (\$1,500)	
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, line 9b?	
	Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040.	
	No. Complete the rest of Form 1040.	
		Schedule D (Form 1040) 200

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Form 4868 Department of the Treasury Informat Revenue Service	Application for Automa To File U.S. Individua		OMB No. 1545-0188
Part I Religional Identification of the Instruction	tion clors) MOELS	Part II individual Income Ta 4 Estimate of total tax liability for 2004 5 Total 2004 payments 6 Balance due. Subtract 5 from 4 7 Amount you are paying	\$ <u>0.</u>
7635 SOUTHAL City, town or post office TAMARAC	MPTON TERRACE, Apt. 307 State ZP code FL 33321	Confirmation Nu	Imber
2 Your social security man		confirmation number here and keep it for your records >	een accepted. Enter the
BAA For Privacy Act an	d Paperwork Reduction Act Notice, see separate	Instructions.	Form 4868 (2004)

Where To File Your Extension
Mail Form 4868 (with payment, if applicable) to the address listed below.

Internal Revenue Service Center Atlanta, GA 39901-0002

a Control number 0328	U V	oid.					
b Employar's identification no.			1 Wages, tips, other comp.		2 Federal inco	me tex w/held	
			444.5	<u>. U</u>		.00	
C. Employer's name, address, and ZIP code			3 Social security wages		4 Social secul	•	
THE FLORIDA LANGUA			444.5	0		27.55	
CENTER, INC. 5975 N. Federal Hi			5 Medicara wages and tips 444.5	50	6 Medicara tax withheld 6.45		
Ft. Lauderdale, FL	33308		7 Social accurity tips	8 Altocated tips			
C Employee's soos' security number			9 Advance EIC payment		100 apendent	care benefits	
⊕ Employee's hama First, middle initial. Is:	st)		11 Nonquelified plans		12a	-	
SYLVIA M.				ed Party ick pay	12b		
TESE SOUTHHAMPTO TAMARAC, FL 3332			14 Other		1 2c		
					1 2d		
F gmorters address and ZIP code						· · · · · · · · · · · · · · · · · · ·	
18 State Employer's state ID No. 1972/095	16 State wages tips	17 State inc. yax	18 Local wages, tips	19 Lo	cal los. tex	20 Locality men	

Wage and Tax 2004

Statement 2004

Statement See notice.)

Dept. of the Tressury - Internal Revenue Service OMB No. 1548-0009 This information is being furnished to the Internal Revenue service. If you are required to file a tex return, a negligence penalty or other sanction may be imposed on you if this income is rexable and you fell to report it.

LW2BL

08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 104 of 152

EMPLOYEE W-2 WAGE SUMMARY 2004 0439-H111 000099

> PACE CENTER FOR GIRLS INC 1 MEST ADAMS STREET STE 301 JACKSONVILLE FL 32202

The chart below indicates your 2004 voluntary payroll adjustments which are included (+), excluded (-), or did not affect (N/A) your federal wages (Box 1) and state wages.

YOLUNTARY ADJUSTMENTS YTO AMOUNT

FEDERAL HAGES

CHECKING

-90.50

N/A

FEDERAL MITHROLDING EXEMPTIONS \$ 2 FL MITHROLDING EXEMPTIONS \$ 2

REGULAR MAGES FUR 2004

98.00

SYLVIA SAMUELS 7635 SOUTHAMPTON RD TAMARAC FL 33321

05001

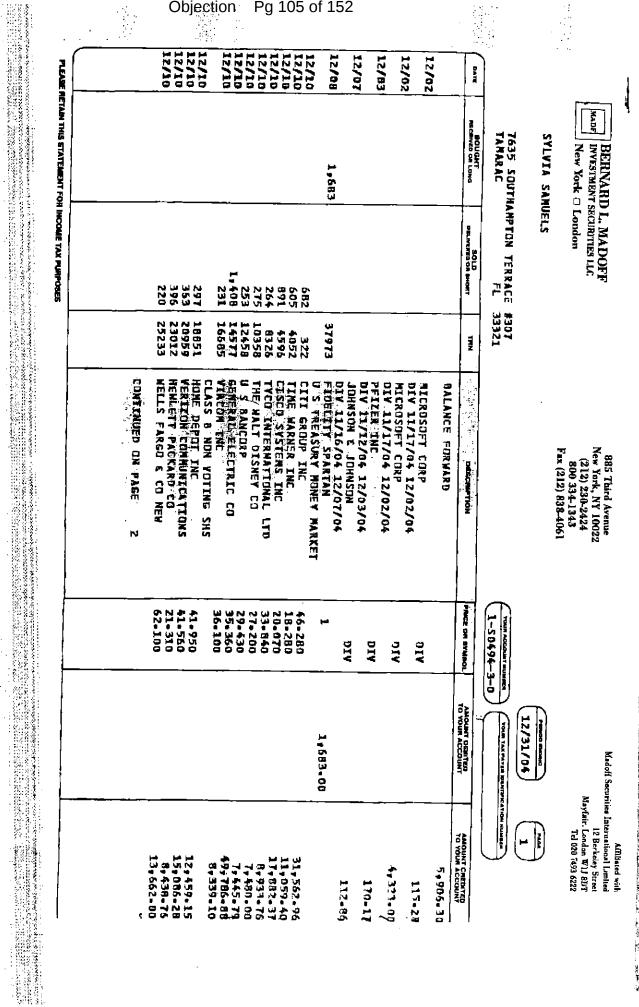
PAYROLLS BY PAYCHEX

Form W-2 Wage and Tax Statement 2004

Copy C, for employees records

a Control sympler 0439-M111 301167-000099 b Department of the control of the con	C Employer's mann, address, and ZIP code PACE CENTER FOR GIRLS INC 1 WEST ADAMS STREET STE 301	Department of the Treasury - in DMB No. 1546-0008	derial Review Service
13 Sublatery Bailpasset Three-party	JACKSONVILLE FL 32202	l Wages, tips, prior compensation 98.00	2 Federal immune lax withheld
		98.00	4 Social security bax withheld 6.08
12 See Instrs. for Box 12 14 Ditter	e Employme's name, oldress, und ZIP code STLVIA SAMUELS	98.00	6 Medicare tax withheld 1.42
	7635 SOUTEAMPTON RD APT # 307	7 Social security tips	8 Allocated tips
	TAMARAC FL 33321	9 Alvance ELC payment	10 Depressions care benefits
		1.1 Homopaulified plans	
15 State Employer's state LD. No. 16 State wages, tip	s, etc. 17 State incurse tax 18 Local wages, tips	, etc. 19 Local income tax	20 Locality trave

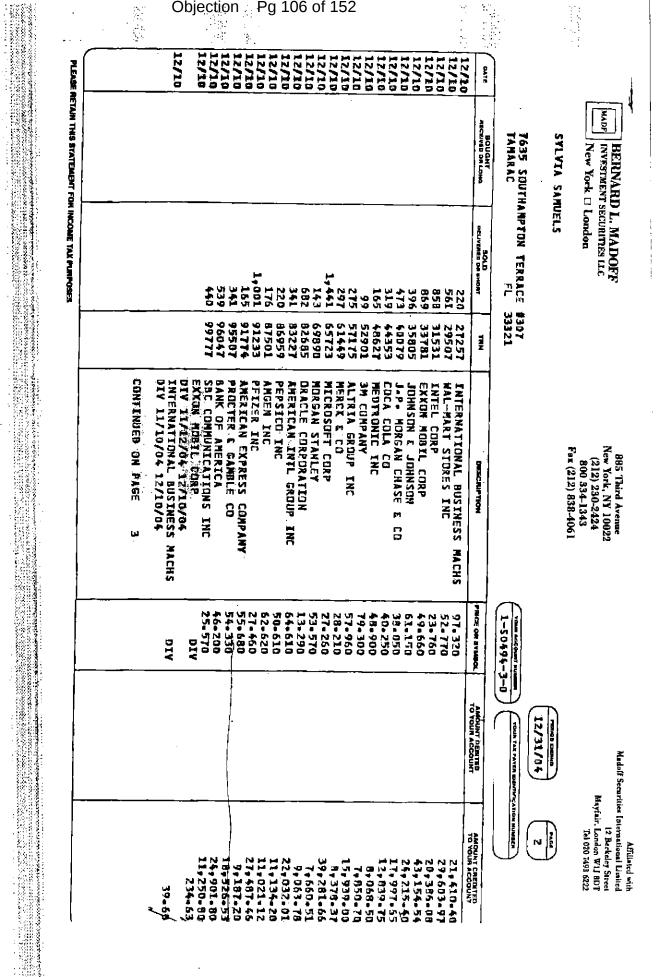
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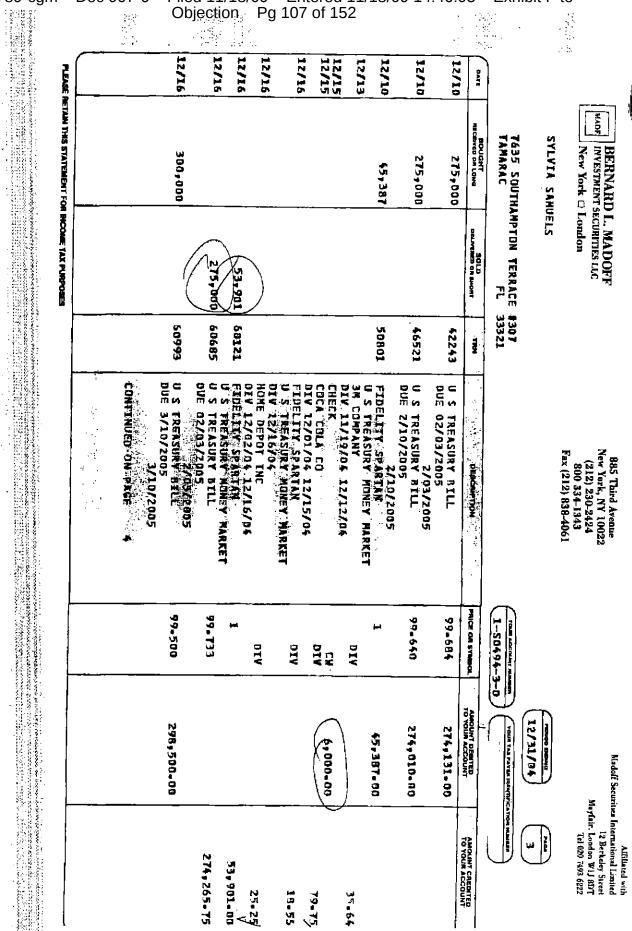
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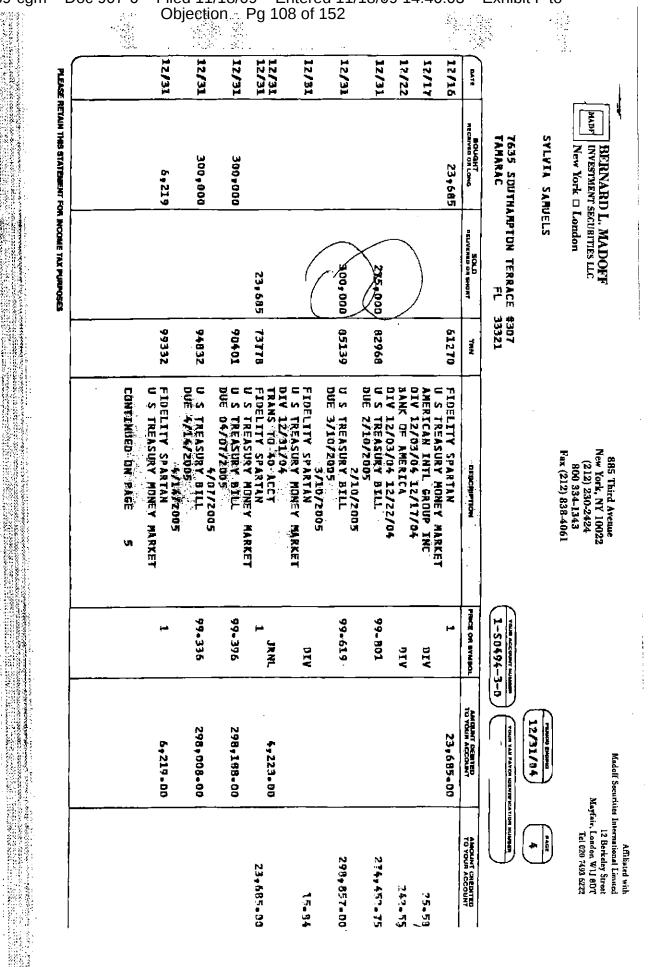
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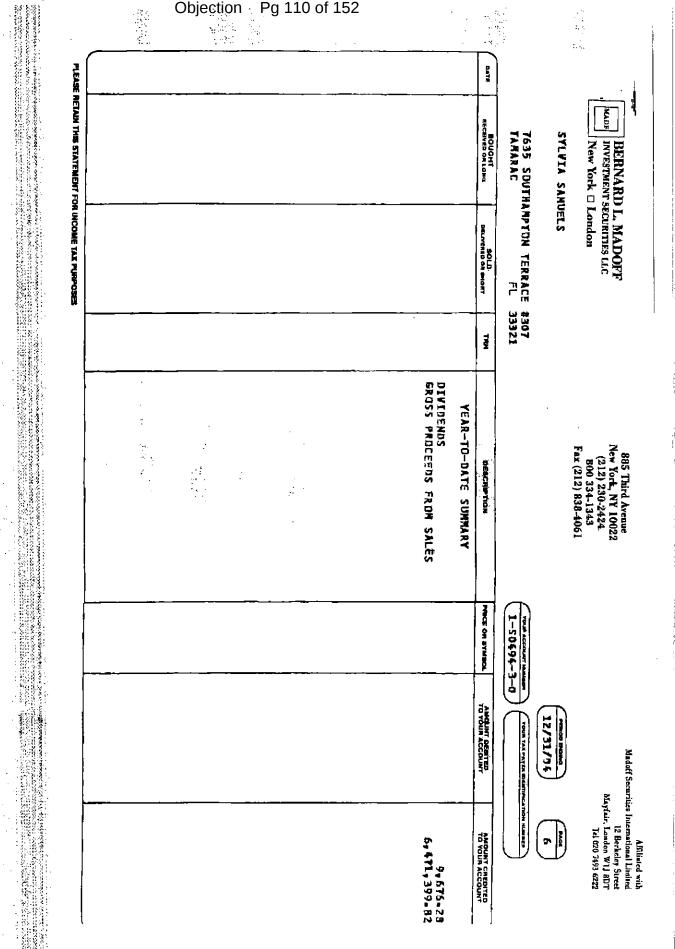
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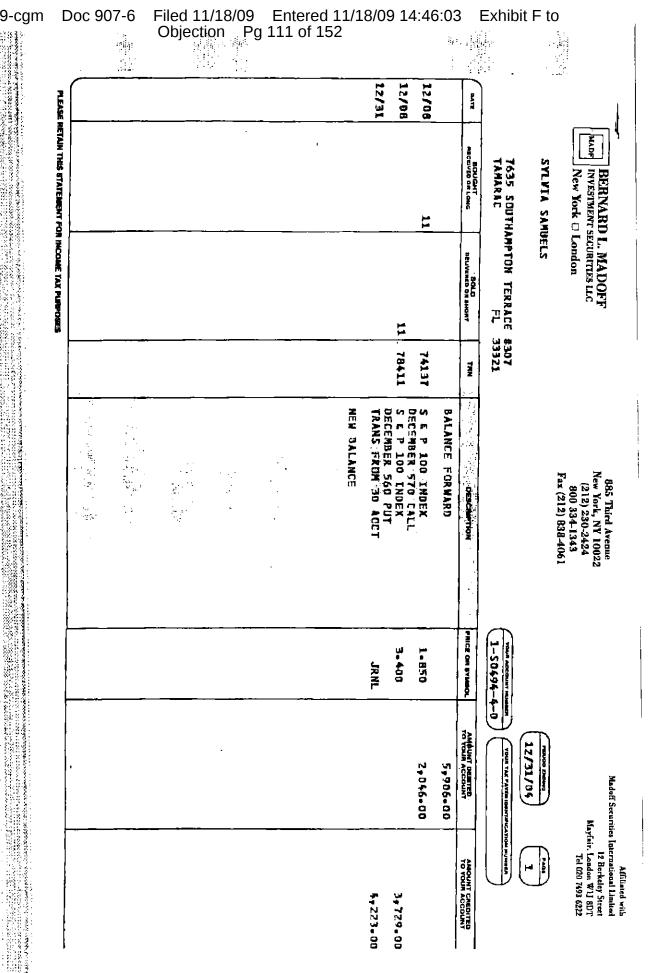


Exhibit H

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see instruction	1115.	d T	ntal number of e	xemptions cla	imed	*****					25.
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Income		8a T	Taxable interest.	Attach Sched	ule Braneo	puired	8b				
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Attach Form(s) W-2 here. Also		Þ	Qualid divs (see instrs)	un a affecte of	etate and loc	al Income taxes (see inc	structions)			111	
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W-2G and 1099- if tax was with	nheid.	11	Alimony received	or fines). At	tach Scheo	tule C or C-EZ		····		13	~ ^ ^ ^
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)f you did not get a W-2,		13	Capital gain or (luss)	losses). Attac	h Form 47	97	. , , , , , , , , , ,	amount (see	instrs)	15	<u> </u>
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Enclose, but do not attach, any	A. 10	10	I Inemniovment	compensano		· · · · · · · · · · · · · · · · · · ·	b Taxab	e amount (see	instrs)	∖21	<u>оь</u>
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ax anu	. I to I Variable to NOTE DESIGNATION FOR THE STATE OF TH	-
redits		
Standard	b If your spouse itemizes on a separate return, or you were a dual-status b If your spouse itemizes and check here	
Deduction	b If your spouse itemizes on a separate return, or you were a dual-status > 39 b alien, see instructions and check here 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 41	10,914.
lor —	40 Itemized deductions (from Schedule A) or your standard deduction (see left manyor).	-7,480.
People who checked any box	Subtract line 40 from line 38	
on line 39a or	41 Subtract line 40 from line 35 42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see 43 instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d 43	3,200.
39b or who can	Section ()Therwise, multiply solder by an arministration of the control of the co	0.
be claimed as a dependent, see	43 Toyoble income, SUDITICI INC 44 (164) tills 41.	0.
instructions.		<u></u>
	44 Tax (see instrs). Check it any tax is norm: arun(s) set a 45 45 Alternative minimum tax (see instructions). Attach Form 6251 46	723.
All others:		723.
Single or Married	46 Add lines 44 and 45	
filing separately,	46 Add lines 44 and 45 47 Foreign tax credit. Attach Form 1116 if required 48 Credit for child and dependent care expenses. Attach Form 2441 49 Credit for the elderly or the disabled. Attach Schedule R 49 50	2
\$5,000	48 Credit for child and dependent care expenses. Attach Form 2441	
Married filing	48 Credit for the elderly or the disabled. Attach Schedule R 49	# #
jointly or	50 Education credits. Attach Form 8863	
Qualifying	50 Education credits. Attach 1 of the State	
widow(er), \$10,000	1 to the state of	
	52 Child tax credit (see instructions). Attact roll in out it required	
Head of	52. Child tax drault (see institution). 53. Adoption credit. Attach Form 8839	
household, \$7,300	53 Adoption credit. Attach Point 655 54 Credits (rom: a Form 8396 b Form 8859	25 26
4 , 1222	54 Credits from: a Form 3800 55 Other credits. Check applicable box(es): a Form 3800 55	
<u> </u>	b Form c Form56	7
	b Form c Form 56 8801 55. These are your total credits 56 Add lines 47 through 55. These are your total credits 57	
	To a self-time 45 if line 56 is more man line 46, eliter 55	
Other		
Taxes		
	A STATE OF THE PROPERTY OF THE	2.0.0
	63 Add lines 57-62. This is your total tax 64 Federal income tax withheld from Forms W-2 and 1099 65 2005 estimated tax payments and amount applied from 2004 return 66 Earned Income credit (EIC) 66 b Nonbusable combat pay election 67 Excess social security and tier 1 RRTA tax withheld (see instructions) 68	1004 1005
Payments	64 Federal income tax with red annual applied from 2014 return 65	<u> </u>
it you have a	65 2005 estimated tax payments and amount applied from 2004 return	
qualifying	66 a Earned Income credit (EIC)	
child attach	b Nontrable combat pay election 66b	
Schedule EIC.	67 Excess social security and tier 1 RRTA tax withheld (see instructions)	
	A CRIST Labild bay credit Attach FORM 0012	
	Programts from: 2 Form 2439 b Form 4136 c Turn cool //	
	94 Add Inte 64, 60, 600 年代 47 Minutes	<u></u>
		2
Refund	73 a Amount of line 72 you want refunded to you	73a
Direct deposit?	. [P.C. (VDE: ClieChing 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
See instructions	▶ b Routing number	
and fill in 73b, 73c, and 73d.	► d Account number ► 74	
750, also 750.		75 723
Amount	74 Amount or line 72 you want applies. 75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions.	
You Owe	ne ne ne ne ne ne ne ne ne ne ne ne ne n	plate the following. No
	Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Comp	ersonal identification
Third Party		umber (PtN)
Designee		st of my knowledge and perer has any knowledge.
Sign		I m mumber
Sign Here	Date 7 day occupants	Daytime phone number
Joint return?	Your signature TEACHING ASST	
See instruction		
Кеер а сору	Spouse's signature, if a joint return, both must sign. Date Spouse's occupation	
for your record	S. Date	Preparer's SSN or PTIN
	D. L. D. J. D. D. B. Charle if only amplituded	
	rienzh #F	
Paid	DiRocco & Company, CPA, PA	58-2674722
Preparer's	(or yours if Scott NW 14th Street, Suite 3	
Use Only	address, and Districts FL 33313 Finders)
	ZIP code Plantation	Form 1040 (200

7				OMB	lo. 1545-0074
SCHEDULE A	•		Itemized Deductions	2	005
Form 1040)			► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040).		ment nce No. 07
Department of the Trea	_	(99)	Your	social security nu	mber
tame(s) shown on For					
SYLVIA M SI				£ 46.1	
Medical and	-	All and in	all and dental expenses (see instructions)		
Dental					
Expenses	ž	Mult	ply line 2 by 7.5% (.075)	14	680.
	4	Cub	ract line 3 from line 1. If line 3 is more than		
	5		e and local (check only one box): Income taxes, or	-	
T Va		a b 3			
Taxes You Paid	6	_	- Index inclinations		
(See	7	Dar	constructed taxes		
instructions.)	8		8	_ 9	2,533.
			lines 5 through 8 6, 70		2,333.
Interest	10		and anisate reported to wou on Form 1000		
You Paid	11	Hon	the mitg interest and points reported to you on Form 1098. If paid to the person are mortgage interest not reported to you on Form 1098 if paid to the person's name, a whom you bought the home, see instructions and show that person's name,	1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO	
		fror	n whom you bought the holls, see head sold th		
(See		IUG			
(See instructions.)					
Note.		_	nts not reported to you on Form 1098. See instrs for spci rules		
Personal interest is	12				
not				5 - 14	6,730.
deductible.	14		Id lines 10 through 13		
Gifts to	1!	Sa To	that mitted by cash or check, it you that a stry gift of the stry	20.	
Chartty		ir	ore, see instrs ore see instrs ts by cash or check after August 27, 2005,		
		-	at your plant to trust 25 RUBIUMS	\$ \$ 4.	
If you made a gift and					
got a benefit for it, see	1	6 C	ther than by cash or check. If any gift of \$250 or ther than by cash or check. If any gift of \$250 or there instructions. You must attach Form 8283 if	95.	
instructions.		0	ver \$500		
	1	7 (arryover from prior yeardd lines 15a, 16, & 17	18	815.
	1	8 /	dd lines 15a, 16, & 17	19	
Casualty and Theft Losses	1	9 (Casualty or theft loss(es). Attach Form 4684, (See instructions.)		
Job Expense			Inreimbursed employee expenses — job travel, union dues, ob education, etc. Attach Form 2106 or 2106-EZ if		
and Certain Miscellaneou		J	equired. (See instructions.)		
Deductions					
		•	20	25.	
		21	to foot	23.	
(See		22	Other expenses — investment, sale deposit box, etc. List		
instructions.))		type and amount		
		7 2		225.	
				69.	
		25	Enter amount from 1040, line 35 Multiply line 24 by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	156
		_	Subtract line 25 from line 23. If line 25 is more than the 25 from line 25. If line 25 is more than the 25 from list in the instructions. List type and amount ▶		
Other		27	Other — from list in the modulation and year		
Miscellaneo Deductions					
		28	Is Form 1040, line 38, over \$145,950 (over \$72,975 if MFS)?		
Total Itemized		20		7	. ما حد الله الله
Deductions	•		Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.	28	10,914
			The Mark doduction may be limited. See instructions for the amount to enter.		
		20	If you elect to itemize deductions even though they are less than your standard deduction, check here		An and the second secon

SCHEDULE D (Form 1040)

Capital Gains and Losses

2005 Attachment Sequence No. 12

OME No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

 See instructions for Schedule D (Form 1040). ► Attach to Form 1040. Use Schedule D-1 to list additional transactions for lines 1 and 8.

Your social security number

Na

(a) Description of	(b) Date acquired (Mo, day, yr)	(c) Date sold (No, day, yr)	(d) Soles price (see Instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (toes) Subtract (e) from (d)
property (Example: 100 shares XYZ Co)	+				
	i <u>_</u>				
					
		 _	<u> </u>		
Enter your short-term totals, if any,	from Schedule D-1, I	ine 2 2			
Total short-term sales price amoun	its. Add lines 1 and 2	: In 3			
column (d)		/ Som For	ms 4684, 6781, and 8	3824	5
Aprel from D	armersiius. O corpo	10001001	-, -	Į.	-
the large sprougues F	inter the amount, if a	ny, from line 8	of your Capital Loss	Carryover	6 -163,72
Worksheet in the instructions Net short-term capital gain or (loss)					7 -163,72
Net short-term capital gain is Nessal G	ains and Losse	s – Assets	Held More Than	One Year	
(a) Description of	(b) Date acquired	(C) Date sold	(d) Sales price (see instructions)	(e) Cost or other basi (see instructions)	s (f) Gain or (loss) Subtract (e) from (d
property (Exemple: 100 shares XYZ Co)	(Ma, day, yr)	(Ma, day, yr)	(302 1120 1120 1120 1120 1120 1120 1120 1	- 	
BERNARD L MADOFF	Various	Various	5,586,425	5,530,00	56,4
	- 102233				
		1	i		
		 			
		 			
to the term totals if any	y, from Schedule D-1	, line 9	9		
G Total long-term sales price amou column (d)	unts. Add lines 8 and	9 10	5,586,42	9.	
Total long-term sales price amou	unts. Add lines 8 and c-term gain from For	ms 2439 and 6	5, 586, 42 (252); and long-term g	ain or (loss) from	11
 Total long-term sales price amou column (d)	g-term gain from For	ms 2439 and 6	5, 586, 42 252; and long-term g tes, and trusts from S	ain or (loss) from	
 Total long-term sales price amound column (d)	g-term gain from For	ms 2439 and 6	5,586,42 252; and long-term g tes, and trusts from S	ain or (loss) from chedule(s) K-1	11
 Total long-term sales price amound (d) Gain from Form 4797, Part I; long Forms 4684, 6781, and 8824 Net long-term gain or (loss) from Capital gain distributions, See instraction 	g-term gain from For n partnerships, S con	ms 2439 and 6	5,586,42 252; and long-term g tes, and trusts from S	chedule(s) K-1	11 12 13
 Gain from Form 4797, Part I; Ione Forms 4684, 6781, and 8824 Net long-term gain or (loss) from 	g-term gain from For g-term gain from For n partnerships, S corp r. Enter the amount, i	ms 2439 and for attions, esta	5, 586, 42 252; and long-term g tes, and trusts from S a 13 of your Capital L	ain or (loss) from chedule(s) K-1	12

08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 117 of 152

	ı ·	Page 2
Sched	ule D (Form 1040) 2005 SYLVIA M SAMUELS	<u></u>
	Summary	
16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16 -107,301.
	Are lines 15 and 16 both gains?	
	Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	5.5
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19
20	Are lines 18 and 19 both zero or blank?	
	Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Yes. Complete Form 1040 through line 43, and then complete lines 21 and 22 below. Tax Worksheet in the instructions for Form 1040. Do not complete lines 21 and 22 below.	
	No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of:	21 -3,000.
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.	
2	2 Do you have qualified dividends on Form 1040, line 9b?	
	2 Do you have qualified dividends on Capital Gain Yes, Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040.	
	X No. Complete the rest of Form 1040.	1042 2005
		Schedule D (Form 1040) 2005

Form **6251** (Rev January 2006)

Alternative Minimum Tax — Individuals

See separate instructions.
 Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No. 32

Your social security number

Department of the Treasury Internal Revenue Service C Name(s) shown on Form 1040

Alternative Minimum Taxable Income (See instructions for how to complete each line.) If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.) -7,480. 1 2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2-1/2% of Form 1040, line 38 86. 2 ,533. Taxes from Schedule A (Form 1040), line 9 3 4 156. Miscellaneous deductions from Schedule A (Form 1040), line 26 5 If Form 1040, line 38, is over \$145,950 (over \$72,975 if married filing separately), enter the amount from line 9 of the Itemized Deductions Worksheet in the Instructions for Schedules A and B (Form 1040) 6 7 Tax refund from Form 1040, line 10 or line 21 Investment interest expense (difference between regular tax and AMT) ٥. В Depletion (difference between regular tax and AMT) 9 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 16 9 Interest from specified private activity bonds exempt from the regular tax 11 10 Qualified small business stock (7% of gain excluded under section 1202) 12 Exercise of incentive stock options (excess of AMT income over regular tax income) 13 12 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, Code A) 14 13 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 15 Disposition of property (difference between AMT and regular tax gain or loss) 59,422. 16 15 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 17 16 Passive activities (difference between AMT and regular tax income or loss) 17 Loss limitations (difference between AMT and regular tax income or loss) 19 18 Circulation costs (difference between regular tax and AMT) 20 19 Long-term contracts (difference between AMT and regular tax income) 21 20 Mining costs (difference between regular tax and AMT) 22 21 Research and experimental costs (difference between regular tax and AMT) 23 22 Income from certain installment sales before January 1, 1987..... 24 23 Intangible drilling costs preference 25 24 The same with the same based related adjustments 26 25 Alternative tax net operating loss deduction ~~ Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 27 54,717. is more than \$191,000, see instructions.) 28 Pacific Alternative Minimum Tax Exemption. (If this form is for a child under age 14, see instructions.) THEN enter on AND fine 28 is fine 29 . . . not over... IF your filing status is . . . \$40,250 40,250. 58 000 29,000 75,000 ... Married filing separately If line 28 is over the amount shown above for your filing status, see instructions. 14,467. ● If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, If necessary), complete Part III on page 3 and active the appearance line F5 base. 723. 31 • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.25). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 32 723. 33 Tentative minimum tax. Subtract line 32 from line 31

Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see instructions)

34

0.

723.

4			Page 2
m 6251 (2005) (Rev 1-2006) SYLVIA M SAMUELS			
Tax Computation Using Maximum Capital Gains Rates			
		36	14,467.
Enter the amount from Form 6251, line 30			
7 Enter the amount from line 6 of the Qualified Dividends and Capital Gain 7 Enter the amount from line 6 of the Qualified Dividends and Capital Gain 7 Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions)	37	56,422.	
B Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions)	38		
If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	39	56,422.	
40 Enter the smaller of line 36 or line 39		40	14,467.
41 Subtract line 40 from tine 36		41	0-
42 If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), months of the result	ultiply line 41 by led filing separa	y 26% (,26). ately) from 42	0.
the result			
43 Enter:			
• \$59,400 if married filing jointly or qualifying widow(er),	43	29,700.	
• \$29,700 if single or married filing separately, or			
• \$39,800 if head of household.		19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (
Enter the amount from line 7 of the Qualified Dividends and Capital Gain Ta Worksheet in the instructions for Form 1040, line 44, or the amount from line of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not competitive worksheet for the regular tax, enter -0-	olete 44	29,700.	
45 Subtract line 44 from line 43. If zero or less, enter -0		14,467.	
46 Enter the smaller of line 36 or line 37			
47 Enter the smaller of line 45 or line 46	47	14,467.	
48 Multiply line 47 by 5% (.05)		▶ 48	723.
		0.	
49 Subtract line 47 from line 46		▶ 50	0.
50 Multiply line 49 by 15% (.15)			
If fine 38 is zero or blank, skip lines 51 and 52 and 90 to line			
51 Subtract line 45 from line 40	<u>51</u>	<u> </u>	1
52 Multiply line 51 by 25% (.25)			723
53 Add lines 42, 48, 50, and 52		53	
54 If line 36 is \$175,000 or less (\$87,500 or less if married filing separately) Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if n the result	, multiply line 3	36 by 26% (-25).	3,761
the result			
55 Enter the smaller of line 53 or line 54 here and on line 31	<u> </u>	Form	6251 (2005) (Rev 1-200

	Literack Evenese	Deduction	OMB No.	1545-0191
orm 4952	Investment Interest Expense			05
af the Treasury	► Attach to your tax return.		Attactive Sequence Identifying number	No. <u>51</u>
ternal Revenue Salvice (357)			mcimiyas	
ame(s) shown on return			_ ' _	
SYLVIA M SAMUELS	I France			
Total Investr	nent Interest Expense			
1 Investment interest exp	ense paid or accrued in 2005 (see instructions)	*******************	1	
2 Disallowed investment	interest expense from 2004 Form 4952, line 7		2	58,726.
	est expense. Add lines 1 and 2		3	58,726.
Net Investm	nent Income		7.0	
	operty held for investment (excluding any net gain from erty held for investment)	4a	25.	
b Qualified dividends inc	cluded on line 4a	. Дъ		25.
	line 4a		4c	
d Net gain from the dist	position of property held for investment	40		
e Enter the smaller of l	ine 4d or your net capital gain from the disposition of streent (see instructions)	40		
Free 3			4f	
t Subtract line 4e from	i line 4d	income (see instructions)	49	
g Enter the amount fro	m lines 4b and 4e that you elect to lincibus in interest			25
h Investment income.	Add lines 4c, 4f, and 4g		4h	<u>25.</u>
5 Investment expense	s (see instructions)		6	25.
6 Net investment inco	ome. Subtract line 5 from line 4h, If zero or less, enter -0-	<u> </u>	····	
Investme	nt Interest Expense Deduction		 -	
7 Disallowed investment	ent interest expense to be carried forward to 2006. Subtra-	ct line 6 from line 3. If zero	7	58,701
or less, enter -v	t expense deduction. Enter the smaller of line 3 or 6. See			2.5
8 Investment interes	t expense deduction. Enter the animals of this services.			Form 4952 (2005

BAA For Paperwork Reduction Act Notice, see separate instructions.

Mail Form 1040-V to the Internal Revenue Service Center at the address listed below.

Form 1949-V (2005) Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service

2005

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

▶ Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'
 Write your social security number (SSN) on your check or money order.

Enter the amount of your payment. 1030 FDIAM601 12/15/05

723.

ZYLVIA M SAMUELS 7635 ZOUTHAMPTON TERRACE TAMARAC FL 33321

307

INTERNAL REVENUE SERVICE .PO BOX 105017 ATLANTA GA 30348-5017

Mail Form 1040-V to the Internal Revenue Service Center at the address listed below.

Form 1040-V (2005) ▼ Detach Here and Mall With Your Payment and Return ▼ Form 1040-V Payment Voucher 2005 Department of the Treasury Internal Revenue Service Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.
 Make your check or money order payable to the United States Treasury. 723. Enter the amount

of your payment

FDIA8601 12/15/05

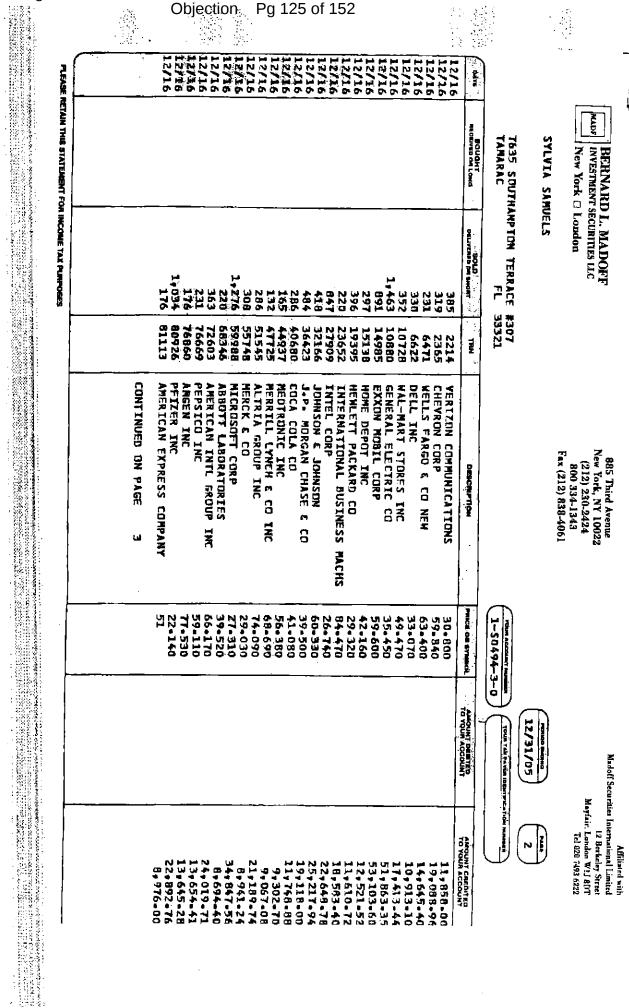
SYLVIA M SAMUELS 7635 SOUTHAMPTON TERRACE TAMARAC FL 33321

► Write your social security number (SSN) on your check or money order.

307

INTERNAL REVENUE SERVICE PO BOX 105017 ATLANTA GA 30348-5017

12/15				12/13	12/13	12/12	77.77	12/17	12/08	12/06	10/21	12/01		DATE		-	
				484										MECENTED ON LONG	7635 SOUTHA TAMARAC	SYLVIA SAMUELS	BERNARD L. MAI INVESTMENT SECURITUM New York London
				10										DELINESTED ON THOMAS	SOUTHAMPTON TERRACE	JE LS	BERNARD L. MADOFF INVESTMENT SECURITIES LLC New York London
	,		_	36423	26.32						·	_		MAKT	#307 33321		
CONTINUED ON PAGE 2	5/05	DIV 12/01/05 12/15/05 TIME WARNER INC		Japa Morgan Chase & Co COCA COLA CO	SON & JOHNSON 11/22/05 12/1:	DIV 11/10/05 12/10/05			MICROSOFT CORP DIV 11/17/05 12/08/05	PFIZER INC DIV 11/11/05 12/06/05	DIV 11/04/05 17/01/05	INTEL CORP DIV 11/07/05 12/01/05	BALANCE FORWARD	DESCRIPTION			885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061
		77 1	PTG	39.500 39.500	AIG	AIG	AIG	VIG	AIG	A10	AIG	AIG		PRICE ON BYMBOL	1-50494-3-0		
				19,118-00										ANADOM ACCOUNT	VOLUE TAX PAYER DESCRIPTION NAMES OF	12/31/05	Madoft Securit
	0.00	37 CE	28 -70	19,118,00	137.94	44-00	143.55	258+39	102-0g	195.46	120-12	67-76	6+370-77	AMOUNT CREDITED TO YOUR ACCOUNT	Aridon squasgr	1	Affiliated with Madoff Securites International Limited 12 Berkeley Street Maylair, London W.1, 8DT Tel 020 7493 6222



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B4 B5183 PROCTER & GAMBLE CD B4 B5370 BANK OF AMERICA B7 B9460 SPRINT NEXTEL CORP B9627 CITI GROUP INC C2 93694 ATET INC C3 93694 CITI GROUP INC C3 93694 CITI GROUP INC C4 ATET INC C1 CISCO SYSTEMS INC C1 SYSTEMS INC C1 SYSTEMS INC C1 SYSTEMS INC C1 STREASURY HONEY MARKET DIV 12/16/05 FIDELITY SPARTAN U S TREASURY BILL DUE 4/06/2006 FIDELITY SPARTAN U S TREASURY BILL DUE 4/13/2006 FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN U S TREASURY HONEY MARKET FIDELITY SPARTAN	FOUGHT	SOLD	T N	Descentrios	And the state of t	AMOUNT DESITED
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CONTINUED ON PAGE 4					5	
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BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York | London

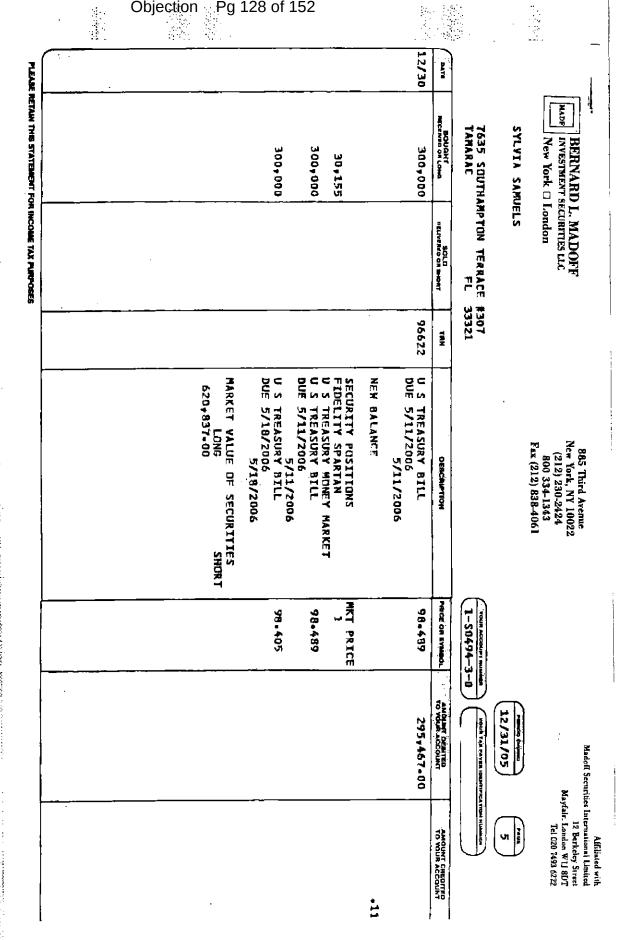
885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061

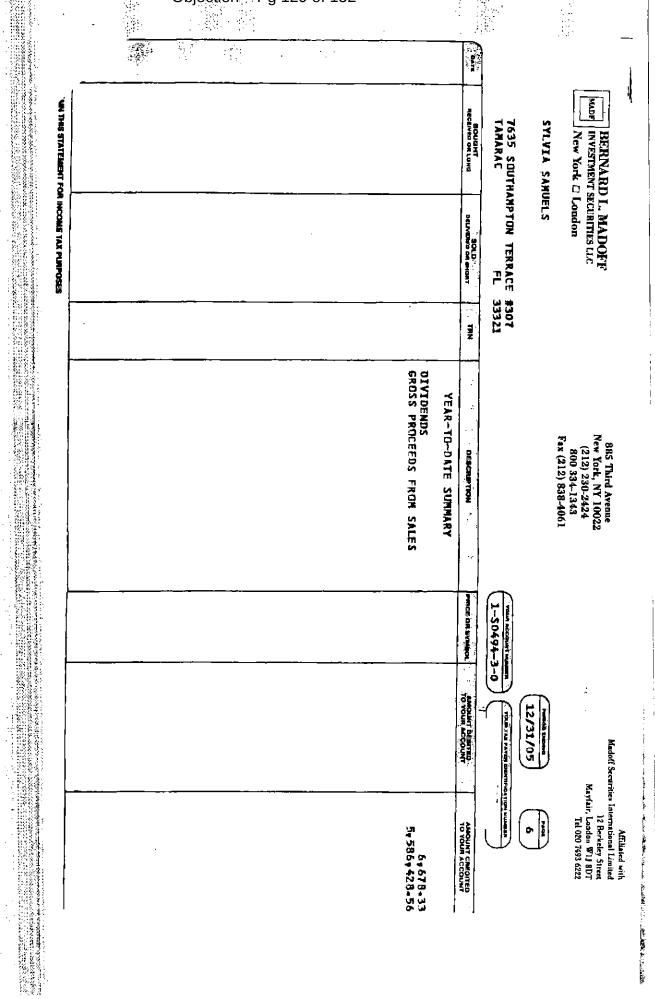
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1059 U S TREASURY BILL 98-405 DUE 5/18/2006
SPRINT NEXTEL CORP DIV 12/09/05 12/30/05
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Exhibit I

08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 131 of 152

CLIENTS COPY

	U.S. Individual Income Tax Return 2006 (99) II	. 2D OMB No. 1545-0074
<u> 1040</u>	For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, anding	, 20 CMB No. 1545-0074 Your social security number
bel	Your first name MI Last name	102 230, 100
instructions.)	SYLVIA M SAMUELS	
	If a joint return, spouse's first name Mi Last name	Spouse's social security number
e the S label.		
nerwise,	Home address (number and street). If you have a P.O. box, see instructions. Apa	ertment no. You must enter your social security
ase print type.	7635 SOUTHAMPTON TERRACE 30	number(s) above.
туре.	City, town or post office. If you have a foreign address, see instructions. State ZIP code	Checking a box below will not
esidential	TAMARAC FL 3332	change your tax or refund.
ection	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)	
empaign	4 Head of housely	old (with qualifying person). (See
iling Status	1 X Single instructions) If	the qualifying person is a child
•	2 Married filling separately Enter spouse's SSN above & full hard hard hard hard hard.	pendent, enter this child's
neck only	mailter ming separately. The operations	r) with dependent child (see instructions)
ne box.	()alle tiole . ,	
xemptions	6a X Yourself. If someone can claim you as a dependent, do not check box 6a	on Sa and Sb
	b Spouse (2) Dependent's (3) Depende	nt's (4) √ ir on 6c who:
	(2) Dependent's c Dependent's social security relationship	les qualitying lived
	number to you	tax credit • del not
	(1) First name Last name	(see instrs) If we with you due to divorce
		or separation (see ingrs)
		Dependents
more than		on 6c not ontered above
our dependents		Add numbers
ee instructions		on lines
	d Total number of exemptions claimed	7
	7 Wages, salaries, tips, etc. Attach Form(s) W-2	8a 1
ncome	8a Taxable interest. Atlach Schedule B if required	
	b Tax-exempt interest. Do not include on line 8a	
Attach Form(s)	9a Ordinary dividends. Attach Schedule B if required.	
N-2 here. Also	b Qualified dividends (see instrs)	
attach Forms W-2G and 1099-R		11
if tax was withheld	11 Alimony received	12
if you did not	and the Date Date and If and record places	13 -3,00
get a W-2,		14
see instructions.	15a IRA distributions 15a b Taxable amount	(see instrs) 15b
	15a IRA distributions 15a 7.104. b Taxable amount	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach	
	18 Farm income or (loss). Attach Schedule F	18
Enclose, but do		
not attach, any payment. Also,	20 a Social security benefits	(see instrs) 20 b
piease use	200 Julia 2001.	21
Form 1040-V.	the fee sight column for lines 7 through 21. This is vour to	otal income . > 22 4,0
	23 23	
Adjusted	and the second of recognition artists and fee-hasis	
Gross	confirment officials, Attach Form 2100 of 2100-cz	
Income	25 Health savings account deduction. Attach Form 8889 25	
1,1001110	26 Moving expenses. Attach Form 3903	
	27 One half of self-employment tax. Attach Schedule SE 27	
	28 Self-employed SEP, SIMPLE, and qualified plans	
	29 Self-employed health insurance deduction (see instructions)	
	30 Penalty on early withdrawal of savings	
	31 a Alimony held b Recipient's SSN	
	22 IRA deduction (see instructions)	
	33 l	
	33 Student loan intologic data	
	34 tup, duty nav you gave to your employer	<u> </u>
	34 Jury duty pay you gave to your employer	
	34 Jury duty pay you gave to your employer 34	36 × 37 4.0

08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 132 of 152

		Page 2
Form 1046 (2006)	SYLVIA M SAMUELS 38 Amount from line 37 (adjusted gross income)	38 4,037
Tax and		
Credits	39 a Check X You were born before January 2, 1942, Blind. checked 39a 1	
Standard	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instra and ck here 39 b	
Deduction	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 5,400.
for — ● People who	=	-2,363.
checked any box		
on line 39a or 39b or who can	42 If line 38 is over \$112,875, or you provided notating to a person displaced by Hambard Instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42 3,300.
be claimed as a		43 0.
dependent, see		
instructions.	If line 42 is more than time 41, since 42 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972	45
All others:	45 Alternative minimum tax (see instructions). Attach Form 6251	46 0.
Single or Married	46 Add lines 44 and 45	
filing separately,	47 Foreign tax credit. Attach Form 1116 if required	- 18 1
\$5,150	48 Credit for child and dependent care expenses. Attach Form 2441	-
Married filing	49 Credit for the elderly or the disabled. Attach Schedule R 49	
jointly or	Eq. Education credits. Attach Form 8863	
Qualifying widow(er),	51 Retirement savings contributions credit, Attach Form 8880 51	
\$10,300	52 Residential energy credits. Attach Form 5695	
Head of	53 Obild by gradit (see instructions). Attach Form 890) if required	
household.	sa Credite from: a Form 8396 b Form 8839 c Form 8859 . 54	
\$7,550	55 Other credits. Check applicable box(es): a Form 3800	
	se Add Back 47 through 55. These are your lotal distance	57 0.
		7 37 0.
	Attack Cohndists CF	30
Other	and Markey and Markey as the ren tin income not reported to employer, Attach Form 4137	••
Taxes	The state of the s	
12.00	and the same credit payments from Form(s) W-2, DOX 9	91
	62 Household employment taxes. Attach Schedule H	► 63 O.
	63 Add lines 57-62. This is your total tax	
Payments	64 Federal income tax withheld from Forms W-2 and 1099 64	
	EE WING ASTMINIST TO THE MICHIGAL PRINTED TO THE PR	-
If you have a qualifying	65 a Farned Income Credit (EIC)	
child, attach		of place
Schedule EIC.	67 Excess social security and tier 1 RRTA tax withheld (see instructions)	
	1 1 reven 2420 h Form 4136 C 12000 8862 1 / U	
		0
		▶ 72 30.
		73 30.
Refund	73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid. 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here.	74a 30.
Direct deposit?	74a Amount of line 73 you want refunded to you. If Fulfill does is attached a Saving pumpler XXXXXXXXX ► c Type: Checking Saving	gs gs
See instructions	b Routing number	
and fill in 74b, 74c, and 74d or	⇒ d Account number	, v
Form 8888.	75 Amount of line / 3 you wall applied to you	. > 76
Amount	76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	
You Owe	Tr Estimated that bendity (account of the control o	Complete the following. No
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?	Personal identification
Designee	P-:	number (PIN)
	Under penalties of perjury. I declare that I have examined this return and accompanying schedules and abtements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is besed on all information of wholeief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is besed on all information of wholeief, they are true.	ch preparer has any knowledge.
Sign	Date Tour occupation	Daytime phone number
Here Joint return?	Your signature TEACHING ASST	_
See instruction:		
Кеер а сору	Spouse's signature, if a joint return, both must sign. Date Spouse's occupation	
for your records	Dete	Preparer's SSN or PTIN
	Preparer's 04/12/2007 Check if self-employed	
Paid	signature	
Preparer's	Firm's name DIROCCO 4 445 Change Suite 3	N 58-2674722
Use Only	ser-employed) 6601 NW 14th Street, Suite 3	ione no. (954) 358-4272
	zP code Plantation FL 33313 (Pr	Form 1940 (2006

HEDULE D m 1040) thment of the Treasury and Revenue Service (99)	►Attach to For	1040 or Form 104	al Gains and MNR. See insi	Losses tructions for Schedu insactions for lines 1	arwi 6.	Att. Se	2006 schmont 12 curity number
(s) shown on Form 1040						———	and trainer
Short-Teri	m Capital Gai	ins and Losses	– Assets He	ld One Year or L	ess		
(a) Description property (Example 100 shares XY	an of	(b) Date acquired (Mo, day, yr)	(C) Date sold (Mo. day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)		(f) Gain or (less) Subtract (e) from (d)
ABBOTT LAB 19	OSH	01/13/06	03/27/06	8,375.	8,033	3.	342
ABBOTT LABS	190SH	10/31/06	12/21/06	9,145.	9,09	5.	50
ABBOTT LABS	190SH	07/13/06	09/25/06	9,341.	B,34	1.	1,000
ABBOTT LABS	190SH	04/05/06	06/20/06	8,115.	8,07	7.	
ALTRIA GROUP Enter your short-term		10/31/06	12/21/06	22,327. 6,532,942.	21,30	4.	1,023 83,317
∟ Short-term cain from	TI FORM b254 and	2 Minitare un Bern or					
Net short-term gain Short-term capital I Worksheet in the ir Net short-term capi Long-Te	or (loss) from pi oss carryover. En structions tal gain or (loss) erm Capital G	artnerships, S corpo nter the amount, if a . Combine lines 1 th	rough 6 in columns — Assets H	and trusts from Sche of your Capital Loss on (f) eld More Than O (d) Sales price (see instructions)	Carryover	5 6 7	-107,30 -21,53 (f) Gain or (loss) Subtract (e) from (d)
Net short-term gain Short-term capital I Worksheet in the ir Net short-term capi Long-Te (a) Descriptopaperty (E 100 shares	or (loss) from pi oss carryover. En structions tal gain or (loss) erm Capital G	artherships, 5 corpo nter the amount, if a combine lines 1 th ains and Losse: (b) Date acquired	rough 6 in columns — Assets H	of your Capital Loss on (i) eld More Than O	Carryover	6 7	-21,53
Short-term gain Short-term capital I Worksheet in the ir Net short-term capi Long-Te (a) Descripoperty (E property	or (loss) from particular or (loss) from particular or (loss) from Capital Gormon or (loss) from Capital Gormon or (loss) from Capital Gormon or (loss) from totals, if any, from totals, if any,	artherships, S corpo nter the amount, if a Combine Ilnes 1 th ains and Losse: (b) Date ecquirec (Mo, day, yr)	rations, estates, any, from line 10 rough 6 in columns — Assets H (c) Date sold (Mo, day, yr)	of your Capital Loss on (i) eld More Than O (d) Sales price (see instructions)	Carryover	6 7	-21,53
9 Enter your long-term (a) Total long-term column (d) 10 Gain from Form 4 Forms 4884, 6781 12 Net long-term gain	or (loss) from paoss carryover. Enstructions tal gain or (loss) erm Capital G prion of kample: XYZ Co) erm totals, if any, ales price amount 797, Part 1; long 1, and 8824 in or (loss) from 1	artnerships, S corponter the amount, if a combine lines 1 th ains and Losse: (b) Date ecquired (Mo, day, yr) from Schedule D-1, ants. Add lines 8 and lines 8 and lines 9 an	rations, estates, any, from line 10 rough 6 in columns — Assets H (c) Date sold (Mo, day, yr) , line 9 9 9 in 10 ms 2439 and 625 rorations, estates	of your Capital Loss and (1) eld More Than O (d) Sales price (see instructions) 52; and long-term gains, and trusts from Sch	(e) Cost or other bas (see Instructions) In or (loss) from hedule(s) K-1	11 12 12 12 12 12 12 12 12 12 12 12 12 1	-21,53
9 Enter your long-term solumn (d) 11 Gain from Form 4584, 678; 12 Capital cain distribution	or (loss) from paoss carryover. Enstructions tal gain or (loss) rm Capital G prion of xample: XYZ Co) rm totals, if any, ales price amount 797, Part I; long I, and 8824 In or (loss) from I	artnerships, S corponter the amount, if a combine lines 1 th ains and Losse: (b) Date acquired (Mo, day, yr) from Schedule D-1, ints. Add lines 8 and term gain from Fon partnerships, S corponal corporations and term gain from Fon partnerships, S corponal corporations are corporated to the corporation of the corpor	rations, estates, any, from line 10 rough 6 in columns — Assets H (c) Date sold (Mo, day, yr) line 9 9 9 in 10 This 2439 and 625 rorations, estates	of your Capital Loss on (i) eld More Than O (d) Sales price (see instructions)	(e) Cost or other bes (see Instructions) n or (loss) from hedule(s) K-1	6 7 7 sis	-21,53

15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2 BAA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR Instructions.

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	CARTE S	Page 2
chec	ule D (Form 1040) 2006 SYLVIA M SAMUELS	
	Summary	
16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gam on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below	-21,531.
17	Are lines 15 and 16 both gains?	
	Yes. Go to line 18.	: 1
	No. Skip lines 18 through 21, and go to line 22.	
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19
20	Yes, Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the qualified of the Instructions for Form 1040 (or in the Instructions for Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Instructions for Form 1040).	
	No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.	
21	If time 16 is a loss, enter here and on Form 1040, time 13, or Form 1040NR, time 14, the smaller of:	-3,000,
	The loss on line 16 or (\$3,000), or if married filling separately, (\$1,500)	21 -3,000.
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.	
2	 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). 	
	X No. Complete the rest of Form 1040 or Form 1040NR.	Schedule D (Form 1040) 2006
		PAINTING E (1 ALIN 12 (4) ELL.

SCHEDULE D-1 (Form 1048)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1040)

> See instructions for Schedule D (Form 1040).

Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074 2006

Name(s) shown on return

Your social security number

Short-Term Capi (a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo. day, yr)	(C) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
ALTRIA GROUP 260SH	04/05/06	06/20/06	18,309.	18,564.	
ALTRIA GROUP 260SH	01/13/06	03/27/05	19,094.	19,768.	_67
ALTRIA GROUP60SH	07/13/06	09/25/06	21,430.	20,288.	1,14
AMER INTL GROUP 32	01/13/06	03/27/06	21,731.	22,294.	
AMER INTL GROUP 33	07/13/06	09/25/06	21,635.	19,533.	2,10
AMERICAN INTL GROU	JP 320SH 10/31/06	12/21/06	23,281.	21,452.	1,82
AMERICAN INTL GROU	JP 320SH 04/05/06	06/20/06	19,107.	21,123.	-2,01
AMEX 150SH	10/31/06	12/21/06	9,335.	8,541.	79
AMEX 150SH	01/13/06	03/27/06	8,042.	8,037.	
AMEX 160SH	07/13/06	08/29/06	8,506.	B,360.	1
AMEX 160SH	04/05/06	06/20/06	8,526.	8,336.	1
AMGEN 150SH	01/13/06	03/27/06	10,887.	11,720.	
AMGEN INC 150SH	07/13/06	09/25/06	10,607.	9,984.	6
AMGEN INC 150SH	04/05/06	06/20/06	10,112	10,905.	-7
ANGEN INC 140SH	10/31/06	12/21/06	9,883	10,505.	
AT&T 480SH	10/31/06	12/21/06	17,170	16,483.	
AT&T 480SH	04/05/06	06/20/06	13,118	12,989.	<u> </u>
AT&T 480SH	01/13/06	03/27/06	12,912	11,942	
AT&T 490SH	07/13/06	09/25/06	15,470	13,573	1,
BANK OF AMERICA	10/31/06	12/21/06	30,044	30,161	
BANK OF AMERICA		09/25/06	29,886	27,981	. 1,
BANK OF AMERICA		06/20/06	27,620	26,413	. 1.
BANK OF AMERICA		03/27/06	27,219	26,801	<u> </u>
See Additional Short-Ten			5,139,01	3.	75.

Credit for Prior Year Minimum Tax -Individuals, Estates, and Trusts

OMB No. 1545-1073

2006

Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to Form 1040, 1040NR, or 1041.

identifytag own Name(s) shown on return SYLVIA M SAMUELS Net Minimum Tax on Exclusion Items -7,480. Enter adjustments and preferences treated as exclusion items (see instructions) 2 2,775. 3 Minimum tax credit net operating loss deduction (see instructions) Combine lines 1, 2, and 3, if zero or less, enter -0- here and on line 15 and go to Part II. If more than \$191,000 and you were married filing separately for 2005, see instructions. 0. Enter: \$58,000 if married filing jointly or qualifying widow(er) for 2005; \$40,250 if single or head of household for 2005; or \$29,000 if married filing separately for 2005. Estates and trusts, enter \$22,500 6 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2005; \$112,500 if single or head of household for 2005; or \$75,000 if married filing separately for 2005. Estates and trusts, enter \$75,000. Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 В Subtract line 8 from line 5. If zero or less, enter -0 - If this form is for a child under age 14, see instructions . 9 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. 10 Form 1040NR filers, see instructions . . . • If for 2005 you reported capital gain distributions directly on Form 1040, fine 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)). 11 complete Part ill of Form 8801 and enter the amount from line 45 here. ◆ All others: If Jine 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 10 by 26% (.25). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result. 12 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 13 Enter the amount from your 2005 Form 6251, line 34, or 2005 Form 1041, Schedule I, line 55 14 ถ. 15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0- 15 Minimum Tax Credit and Carryforward to 2007 723. 16 ٥. 17 Subtract line 17 from line 16. If less than zero, enter as a negative amount 723. 17 18 2005 minimum tax credit carryforward. Enter the amount from your 2005 Form 8801, line 26 19 19 Enter the total of your 2005 unallowed nonconventional source fuel credit and 2005 unallowed qualified electric vehicle credit (see instructions) 20 723. Z1 Combine lines 18, 19, and 20. If zero or less, stop here and see instructions Enter your 2006 regular income tax liability minus allowable credits (see instructions)..... 22 Q. 21 ٥. Enter the amount from your 2006 Form 6251, line 33, or 2006 Form 1041, Schedule I, line 54 23 ٥. Subtract line 23 from line 22. If zero or less, enter -0-24 0. **25** Minimum tax credit carryforward to 2007. Subtract line 25 from line 21. Keep a record of this amount 26 723. because you may use it in future years.

BAA For Paperwork Reduction Act Notice, see separate instructions.

_	m (2006) SYLVIA M SAMUELS Tax Computation Using Maximum Capital Gains Rates		
_	Total Total	Worksheet the 2005	
Ca	ution. If you did not complete the 2005 Qualified Dividends and Capital Gain Tax hedule D Tax Worksheet, or Part V of the 2005 Schedule D (Form 1041), see the interest of the 2005 Schedule D (Form 1041), see the interest of the 2005 Schedule D (Form 1041).	instructions before	
Sc	hedule D Tax Worksneer, or Fair V or the 2000 Impleting this part.		
_	ster the amount from Form 8801, line 10		
Er Ta	nter the amount from line 6 of your 2005 Quantize Difference of the amount from line 13 of your 2005 Schedule D Tax ax Worksheet, the amount from line 22 of the 2005 Schedule D (Form 1041),		
Ŵ	orksheet, the amount from line 13 of your 2005 Schedule D (Form 1041), orksheet, or the amount from line 22 of the 2005 Schedule D (Form 1041), hichever applies."	28	
	a utc.d Dividende and Capital III		
Ιf	you figured your 2005 tax using the 2005 Qualified Dividends and Capital aln Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30.		
0	therwise, go to line 29.		
Ε	inter the amount from line 19 of your 2005 Schedule D (Form 1040), or line 4b, column (2), of the 2005 Schedule D (Form 1041)	29	
1	46, column (2), of the 2003 constant		
Δ	add lines 28 and 29, and enter the smaller of that result or the amount from ne 10 of your 2005 Schedule D Tax Worksheet	30	
- li	ne 10 or your 2003 Schedule 5 100		
ε	Inter the smaller of line 27 or line 30		
5	Subtract line 31 from line 27	20 h. 00%	
<u> </u>	f line 32 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), 26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,500 (\$1,750 if marr	ied filing separately for	
2	(.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,500 (\$1,750 trimer) (.26) from the result		
. 1	Enter:		
	• \$59,400 if married filing jointly or qualifying widow(er) for 2005,		
	■ \$29,700 if single or married filing separately for 2005.	2-1	
	• \$39,800 if head of household for 2005, or	34	
	• \$2,000 for an estate or trust		
_	- coop Qualified Dividends and Capital Gain		
5	Tay Worksheet, the amount non many and palentile in Form 10411		
	Worksheet, or the amount normalise 25,5, while the best of Dart V of the		
	whichever applies. If you did not complete either worksheet of Fart vot at 2005 Schedule D (Form 1041), enter -0-	35	
16	Subtract line 35 from line 34. If zero or less, enter -0-	. 36	
7	m ev = 77 ev llmo 28		
18		. 30	
39			
40 41	No. 18:44 Day 40 by 15% (15)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
41	If line 29 is zero or blank, skip lines 42 and 43 and go to line 44. Otherwise, go to	to line 42.	
	If line 29 is zero or blank, skip lines 44 and 45 and 5	1 1	
42	Subtract line 37 from line 31		
42 43			
43 44			
44	\$27 500 or less (\$87 500 or less if married filing separately for 200	5), multiply line 27 by 26%	
45	trine 27 is \$173,000 or loss of the contract \$3,500 (\$1,750 if m	larried ming separately for	
	2005) from the result		
	i Enter the smaller of line 44 or line 45 here and on line 11	46	
	Enter the smaller of line 44 or line 45 here and on line 11 2005 Qualified Dividends and Capital Gain Tax Worksheet is in the 2005 Instructions for Form 1040. The 2		

FDIZ2412 10/20/06

	Application for Automa	tic Extension of Time	OMB No. 1545-0074
_{Form} 4868	Application for Automa To File U.S. Individua	l Income Tax Return	2006
Department of the Treasury	For calendar year 2006, or other tax year beginning	, 2006, ending	· . l
Internal Revenue Service		Individual Income	<u>Tax</u>
1 Your name(s) (see instruct	ions)	4 Estimate of total tax liability for 2006	
		5 Total 2006 payments	30.
SYLVIA M SAM	uels	6 Balance due. Subtract line 5 from line 4 (see instructions)	0.
Address (see instructions)		7 Amount you are paying (see instructions)	
City, town or post office	State ZP mode FL 33321	B Check here if you are 'out of U.S. citizen or resident (see i	instructions) 💆 🔲
TAMARAC 2 Your social security numb	The state of the s	9 Check here if you file Form 1 did not receive wages as an Income tax withholding	employee subject to ∪.5. —
	The state of Matter con converts		Form 4868 (2006)
BAA For Privacy Act and	Paperwork Reduction Act Notice, see separate		

Where To File Your Extension Mail Form 4868 (with payment, if applicable) to the address listed below.

Internal Revenue Service Center Atlanta, GA 39901

SYLVIA M SAMUELS

Schedule D-1
Additional Short-Term Sales

Additional Short-Term Sales					
(a) Description of property	(b) Date sequired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
	(11111,00,59)	1 (1110,55,17)			
BOEING CO 100SH	04/05/06	06/20/06	8,340.	7,809.	531.
BOEING CO 10SH	07/13/06	08/29/06	7,688.	8,008.	-320.
CHEVRON 280SH	04/05/06	06/20/06	16,402.	16,214.	188.
CHEVRON 280SH	01/13/06	03/27/06	15,985.	16,461.	-4 76.
CHEVRON CORP 270SH	10/31/06	12/21/06	20,270.	18,259.	2,011.
CHEVRON CORPSOSH	07/13/06		17,329.	17,763.	
CISCO SYSTEMS 760SH		12/21/06	21,045.	18,354.	2,691.
CISCO SYSTEMS 760SH	04/05/06	06/20/06	15,253.	16,560.	
CISCO SYSTEMS 770SH	01/13/06	5 03/27/06	16,486.	14,507.	1,979.
CISCO SYSTEMS 7805H	07/13/00	6 09/25/06	17,878.	14,882.	2,996.
CITI GROUP 620SH	5 07/13/0	6 09/25/06	30,976.	30,609.	367.
CITI GROUP 620SH	04/05/0	6 06/20/06	30,113.	29,326.	787.
CITI GROUP 630SH	01/13/0	6 03/27/06	30,076.	30,347.	-271.
CITIGROUP 610SH	10/31/0	6 12/21/06	33,270.	31,012.	2,258.
COCA COLA 250SH	10/31/0	16 12/21/06	12,238.	11,750.	488.
COCA COLA 260SH	07/13/0	09/25/00	11,573.	11,255.	318.
COCA COLA 260SH	04/05/0	06/20/0	11,149.	10,910.	239.
COCA COLA 260SH	01/13/0	06 03/27/0	11,128.	10,803.	325.
COMCAST CORP 250SH	10/31/0	06 12/21/0	10,775.	10,025	750.
COMCAST CORP70SH		06 09/25/0	_	8,670	743.
DELL 290SH	04/05/	06 06/20/0	7,276	8,671	
DELL 290SH	01/13/	06 03/27/0	8,816	8,973	
EXXON MOBIL 730SH	10/31/	06 12/21/0	56,035	52,049	3,986.
EXXON MOBIL 760SH		06 09/25/0	49,902	47,751	2,151.
EXXON MOBIL 760SH	04/05/	06 06/20/	44,916	. 46,307	-1,391.
EXXON MOBIL 770SH	01/13/	/06 03/27/	47,209	. 45,592	1,617.

Continued

Schedule D-1 Additional Short-Term Sales

Additional Short-Term Sales					 - -
(a)	(b) Date	(c) Date	(d)	(e) Cost	(f) Gain (loss)
Description of property	acquired	sold	Sales	or other	(e) trom (d)
Description of property	(mm,dd,yy)	(mm,dd,yy)	p <u>rice</u>	basis	
FIDELITY SPARTAN 1203	6 <u>SH</u>			12 036	0
	Various	02/21/06	12,036.	12,036.	0.
FIDELITY SPARTAN 1240	25H	11/20/06	12,402.	12,402.	Ο.
1255	Various	111/20/00	12, 102.		
FIDELITY SPARTAN 1255	Various	02/28/06	12,551.	12,551.	0.
FIDELITY SPARTAN 1361	<u> </u>				_
	Various	03/10/06	13,611.	<u>13,611.</u>	<u> </u>
FIDELITY SPARTAN 1368	9SH	1 02 (7 6 (0)	13,689.	13,689.	0.
		03/16/05	13,003.		
FIDELITY SPARTAN 1491	Various	07/31/06	14,912.	14,912.	0.
FIDELITY SPARTAN 1540	n	1 - 77 - 2 - 1			_
FIDEBITI SERVICE	Various	08/17/06	15, <u>402.</u>	15,402.	
FIDELITY SPARTAN 155	25H	<u> </u>		, , ,	0.
	Various	08/28/06	1,552.	1,552.	-
FIDELITY SPARTAN 179	22SH	09/15/06	17,922.	17,922.	0.
201 PRIV 201		109/13/00	11,7221		
FIDELITY SPARTAN 301	Various	01/13/06	30,155.	30,155.	0.
FIDELITY SPARTAN 367					
	Various	04/28/05	<u> 36,719.</u>	36,719.	.\ <u></u> 0.
FIDELITY SPARTAN 367	98SH	Tas. (200	36,798.	36,798.	0.
	Various	<u>05/10/06</u>	36,736.	\ 	
FIDELITY SPARTAN 368	Various	s 06/30/06	36,824.	36,824.	0.
FIDELITY SPARTAN 369					_
FIDELITI STATE	Variou	s 04/21/05	36,955.	36,955.	
FIDELITY SPARTAN 375	42SH	· T · Z · Z · · · Z	22 542	37,053	489.
	12/21/0	6 12/29/06	37,542.	- 31,023.	
FIDELITY SPARTAN 391	Variou	s 01/31/06	39,169.	39,169	. 0.
FIDELITY SPARTAN 41		S 01/32/00	707===		-
PIDELITY SPARTAN 41	Variou	s 02/21/06	41,108	41,108	. 0.
FIDELITY SPARTAN 50	526SH		.]		_ o
对对方,是由于发展的。	Variou	<u> 07/21/06</u>	50,526	50,526	-\-
FIDELITY SPARTAN 52	015SH	us 05/31/06	52, <u>015</u>	52,015	_ 0
	Variou	18 03/31/00	- <u>52,015</u>	-	
FIDELITY SPARTAN 54	Variou	is 03/31/06	54,709	. 54,709	. 0.
FIDELITY SPARTAN 60					
	Vario	us 07/13/0	$\frac{6,084}{}$	6,084	0.
FIDELITY SPARTAN 65	29SH	24.455.42	_	6,529	o.
10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Vario	us 04/05/0	6,529	·-	·
FIDELITY SFARTAN119	47SH Vario	us 10/31/0	11,947	11,947	0.
FIDELITY SPARTAN657	71SH		_		_
FIDELITY SPARTANOS	Vario	us 10/31/0	56,571	56,571	L. 0.
FIDELTY SPARTAN 162	2SH		- 354	2. 16:	2. 0.
10万元,是在李斯克的特殊的关系	<u>Vario</u>	us 11/30/0	6 162	 -	<u> </u>
FIDELTY SPARTAN 24	Wario	us 11/27/0	6 24,82	24,82	1. 0.
	- A - T - T - C	1111	·		

Schedule D-1 Additional Short-Term Sales

Additional Short-Term Sales					
(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
GE 1300SH	04/05/06	06/20/06	44,200.	45,214.	-1,014.
GE 1310SH	01/13/06	03/27/06	45,182.	46,073.	-891.
GENERAL ELECTRIC 1270		12/21/05	47,740.	45,249.	2,491.
GENERAL ELECTRIC 1320)SH		46,016.	43,824.	2,192.
GOLDMAN SACHS 50SH			7,066.	7,835.	<u>-769.</u>
GOLDMAN SACHS GROUP	50SH 10/31/06	,	10,083.	9,437.	646.
GOLDMAN SACHS GROUP	~		7,640.	7,453.	187.
HEWLETT PACKARD 340S			13,594.	13,303.	291.
HEWLETT PACKARD 350S			10,714.	11,410.	696.
HEWLETT PACKARD 3605	H	6 09/25/06		11,596.	1,631.
HEWLETT PACKARD 3605	н	6 03/27/06		10,872.	1,148.
HOME DEPOT 250SH		6 12/21/06		9,195.	815.
HOME DEPOT 260SH		6 09/25/06	_{	9,162.	266.
HOME DEPOT 260SH		6 06/20/06	_	11,042.	-1,412.
HOME DEPOT 260SH	01/13/0			10,681.	593.
IBM 190SH		06/20/0		15,732.	-952.
TOW 190SH		06 12/21/0	_	-	782.
IBM 200SH		06 09/25/0			1,232.
IBM 200SH			_		268.
INTEL 730SH	04/05/				1,132.
INTEL 750SH		06 03/27/0		_	
INTEL CORP 710SH				15,449	
INTEL CORP 750SH					937.
JOHNSON & JOHNSON	360SH	06 12/21/			-705.
JOHNSON & JOHNSON				· [1,318.
JOHNSON & JOHNSON	370 <i>S</i> H		<u>_</u> \		729.

SYLVIA M SAMUELS

4-3	(b) Date	(c) Date	(d)	(e) Cost	(f) Gain (loss)
(a) Description of property	acquired	sold	Sales	or other	(e) from (d)
Description of property	(mm,dd,yy)	(mm,dd,yy)	price	basis	
HNSON & JOHNSON 370	SH		22 550	23,144.	<u>-585</u> .
是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	01/13/06	03/27/06	22,559.	23,144.	
P MORGAN CHASE 420SH	10/31/06	12/21/06	20,316.	19,907.	409.
P MORGAN CHASE 430S	4				
P MOROZA	04/05/06	06/20/06	<u>17,290.</u>	17,918.	<u>-628.</u>
P MORGAN CHASE 440S	H	09/25/06	20,857.	18,718.	2,139.
110 68 4406	07/13/06	05/25/00			
P MORGAN CHASE 440S	01/13/06	03/27/06	18,506.	<u>17,736.</u>	770
FEDERORNIC 150SH				n 631	-62
ALDIROBATE ASSESSMENT	04/05/06	06/20/06	7,569.	7,631.	
MEDITRONIC 150SH	01/13/06	03/27/06	B,072.	8,729.	-657
MERCK & CO 2705H	01/13/00	<u> 03/23// 45</u>			
MERCK & CO 27031	07/13/06	09/25/06	11,268.	10,020.	1,248
MERCK & CO 270SH		1 20 122 100	9,104.	9,561.	-457
	04/05/06	06/20/06	3,104.	\ 	
MERCK &CO 270SH	01/13/06	03/27/06	9,788.	B,994.	794
MERCK 270SH				10.00	553
De arrange	10/31/0	12/21/06	11,870.	12,422.	-552
MERRILL LYNCH 110SH	10/31/0	6 12/21/06	10,112.	9,459.	653
110 CV 110 CV		0 12/21/05			["
MERRILL LYNCH 110SH	04/05/0	6 06/20/08	7,362.	B,637.	
MERRILL LYNCH 110SH		-1	-	7,630	895
	01/13/0	6 03/27/0	B,525.	-\	-
MERRILL LYNCH 120SH	07/13/0	6 09/25/0	9,332_	8,556	. 77
- (TOROCORM 1060SH			_1	1	1 22
MICROSOFT 1000BR	10/31/0	6 12/21/0	6 31,875.	29,945	<u> </u>
MICROSOFT 1100SH			_ l	25,795	4,02
	07/13/0	09/25/0	23,021	<u> </u>	
MICROSOFT 1100SH	04/05/0	06/20/0	6 24,222	30,019	
MICROSOFT 1140SH				20 270	.\57
		06 03/27/0	30,940	30,370	<u>- </u>
MORGAN STANLEY 130	SH 10/31/	06 12/21/0	10,476	10,051	. 42
MORGAN STANLEY 130		<u> </u>			
MORGAN STANDEL	04/13/	06 09/25/	9,537	$\frac{.}{ }$	1,17
MORGAN STANLEY 130	SH	25 25 120 11	7,355	8,245	589
		06 06/20/	<u> </u>	·	
MORGAN STANLEY 130	01/13/	06 03/27/	8,060	7,621	3. 4
ORACLE CORP 500SH			\	. 6.31	5 .
	10/31/	06 12/21/	<u>06 9,006</u>	9,31	==
PEPSICO 210SH	07/13/	06 09/25/	13,66	7. <u>12.73</u>	6. 9
71777	<u> </u>	00 00/20/			
PEPSICO 210SH	01/13/	/06 03/27/	06 12,560	5. <u>12,40</u>	<u>9. </u>

Schedule D-1

(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
EPSICO INC 200SH	10/31/06	12/21/06	12,634.	12,700.	-66.
EPSICO INC 210SH	04/05/06	06/20/06	12,367.	12,167.	200.
PIZER 900SH	10/31/06	12/21/06	23,247.	24,489.	
FIZER 910SH	04/05/06	06/20/06	21,357.	22,777.	-1,420.
PFIZER 920SH	07/13/06	09/25/06	26,009.	21,933.	4,076.
PFIZER 920SH	01/13/06	03/27/06	24,315.	22,614.	1,701.
PROCTOR & GAMBLE 300	10/31/06	12/21/06	24,992.	24,624.	368.
PROCTOR & GAMBLE 410	07/13/06	09/25/06	25,109.	23,247.	1,862.
PROCTOR ← GAMBLE 410	04/05/06	06/20/06	22,554.	23,632.	
PROCTOR & GAMBLE 420	SH 01/13/06	03/27/06	24,948.	24,654.	294.
SCHLUMBERGER 140SH	10/31/0	6 12/21/06	9,375.	8,997.	378.
SCHLUMBERGER 140SH	04/05/0	6 06/20/06	8,007.	8,869.	-862.
SCHLUMBERGER 150SH	07/13/0	6 09/25/00	8,705.	9,435.	<u>-730.</u>
SCHLUMBERGER 70SH	01/13/0	6 03/27/0	8,568	7.456.	1,112.
SPRINT NEXTEL 370SH	01/13/0	6 05/19/0	9,146	8,510.	636.
SPRINT NEXTEL 370SH	01/13/0	03/27/0	9,664	B,510	1,154.
THE WALT DISNEY CO	07/13/0	09/25/0	B,347	8,146	201
TIME WARNER 500SH	10/31/0	6 12/21/0	10,835	10,010	. 825
TIME WARNER 540SH	07/13/0	09/25/0	9,397	<u>. 9,050</u>	347
TIME WARNER 560SH	04/05/0	06 06/20/0	9,537	9,408	129
TIME WARNER 580SH		06 03/27/0	9,924	10,133	209
TREASURY BILL 25000	Vario:	us 03/10/0	24,918	24,676	242
TREASURY BILL 2500	Vario	us 03/16/	24,872	24,676	196
TREASURY BILL 2750	Vario	us 04/05/	273,752	270,845	2,907
TREASURY BILL 2750	Vario	us 04/05/	273,50	7. 270,845	2,662
TREASURY BILL 3000	12/16/	05 01/13/	295,85	296,11	-26

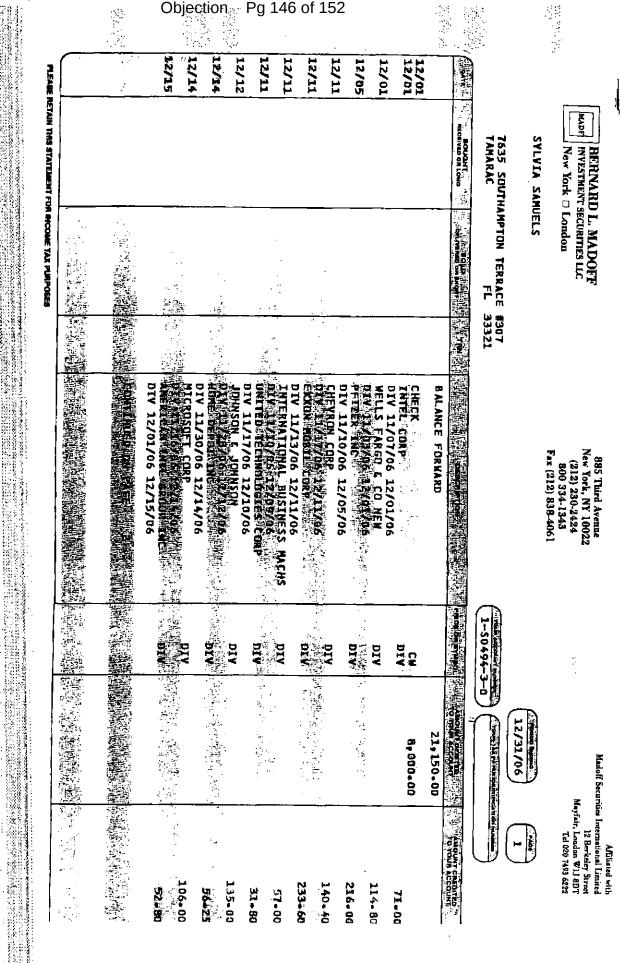
Schedule D-1

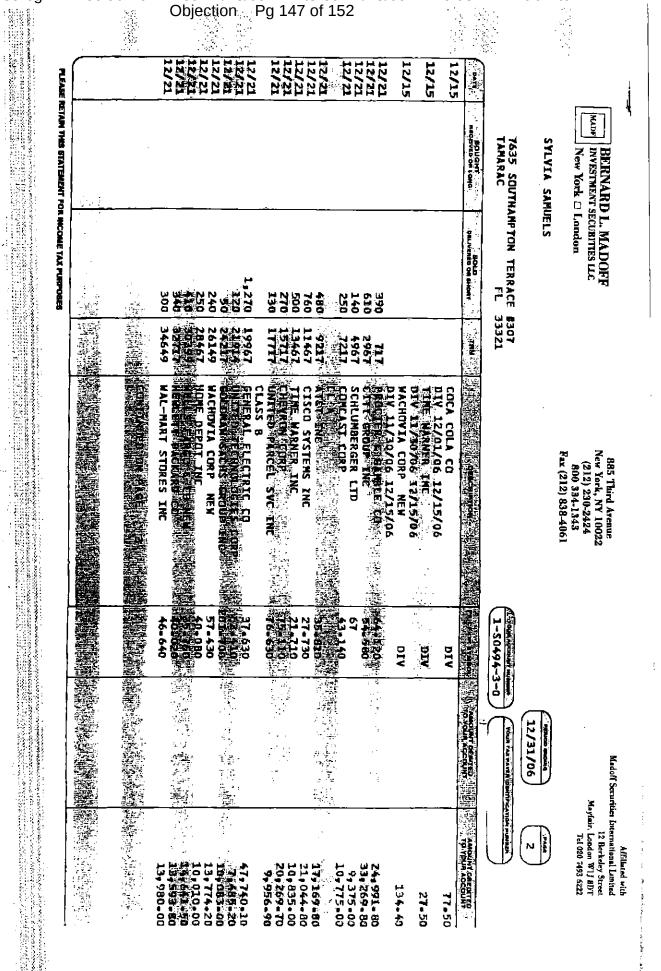
(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
REASURY BILL 300000S	Н	01/13/06	<u>295,593.</u>	296,382.	
REASURY BILL 75000SI		04/05/06	74,724.	74, 159.	565.
YCO INTL 250SH	01/13/06	03/27/06	6,793.	7,673.	-880.
NITED PARCEL 130SH	10/31/06	12/21/06	9,957.	9,811.	146.
NITED PARCEL 140SH	07/13/06		- h	11,360.	
NITED TECHNOLOGIES	120SH	12/21/06	7,485	7,809.	-324.
PS 140SH	04/05/0	06/20/06	10,949	11,131.	-182.
IPS 140SH	01/13/0	6 03/27/0	11,037	10,640	397.
JS TREASURY BILL 275	Variou		-l	273,394	. 1,183.
US TREASURY BILL 300	06/30/0	6 07/13/0	299,463	299,013	<u>. 450.</u>
US TREASURY BILL 32	06/30/0	6 07/13/0	324,714	324,223	. 491.
US TREASURY BILL 50	07/21/0	09/15/0	49,686	49,0 <u>84</u>	602.
US TREASURY BILL 50	07/21/0	08/17/0	49,281	47,084	2,197.
US TREASURY BILL 60	09/29/	06 10/31/0	595,782	593,418	2,364
	12/21/	06 12/29/	619,781	<u>594,376</u>	25,410
	10/31/	06 11/21/	12,92	8. 13,B02	
	04/05/	06 06/20/	11,48	4. 12.33	7
VERIZON COMM 360SH	01/13/	06 03/27/	06 12,53	5. 11,41	6. 1,119
VERIZON COMM 370SH	07/13/	06 09/25/	13,36	12,19	2. 1.173
WACHOVIA CORPORATI	10/31	/06 12/21/	13,77	13,34	.8. 426
WAL-MART STORES 30	10/31	/06 12/21	13,98	15,24	-1,260
WAL-MART STORES 31	07/13		 \	91. 14,32	
WAL-MART STORES 31	04/05	/06 06/20	14,8	14,69	
WAL-MART STORES 3.		/06 03/27	/06 14,9	17. 14,1	
WELLS FARGO 210SH	04/05	/06 06/20	/06 13.9	94. 13,4	
WELLS FARGO 210SH	01/1	/06 03/27	/06 13.7	36. 13,2	32. 50

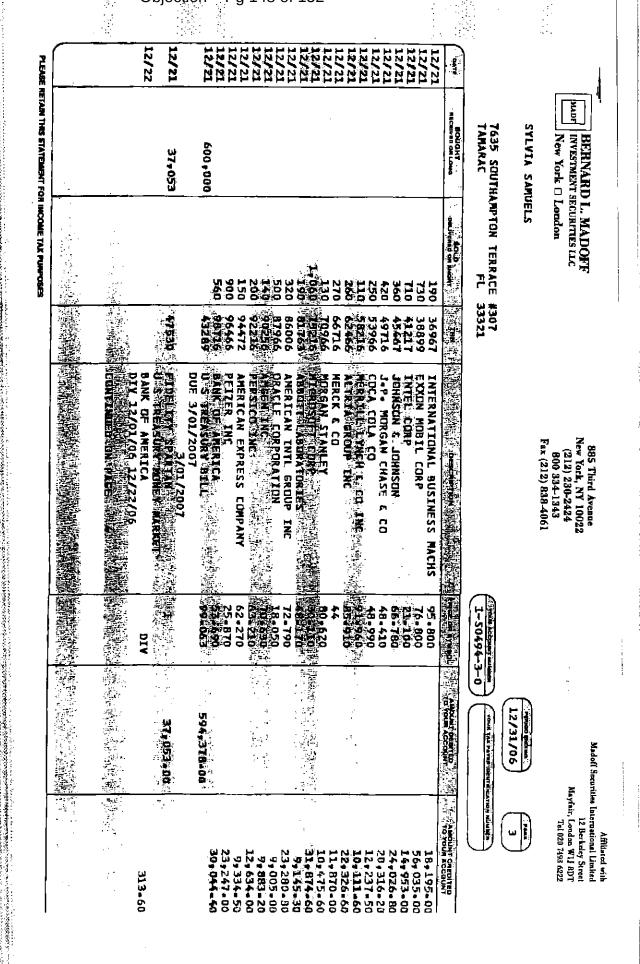
08-01789-cgm Doc 907-6 Filed 11/18/09 Entered 11/18/09 14:46:03 Exhibit F to Objection Pg 145 of 152

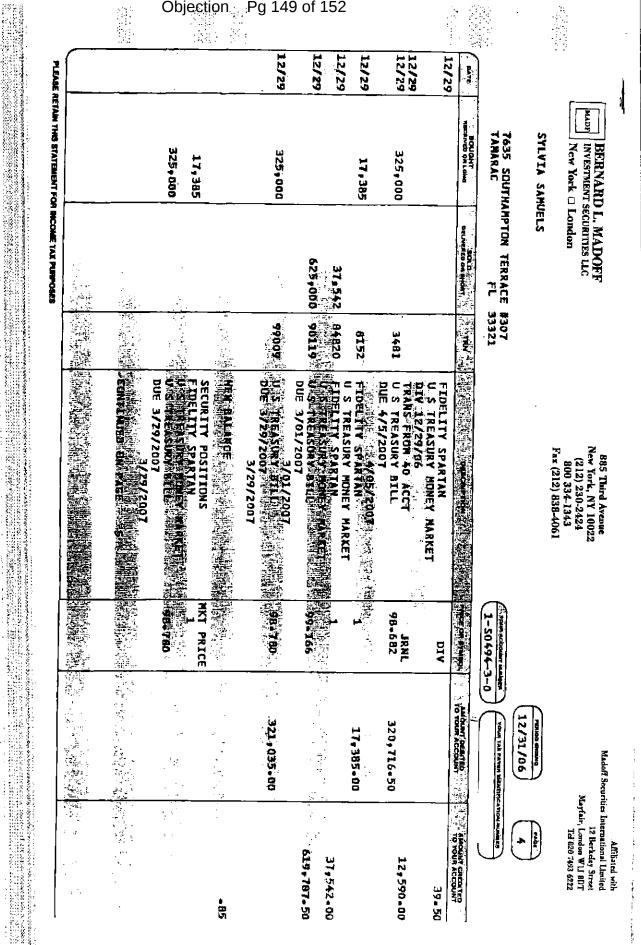
Schedule D-1 Additional Short-Term Sales	5				Continu
(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
WELLS FARGO 4105H		12/21/06	14,642.	14,858.	-216.
WELLS FARGO 420SH			15,154.	14,335.	819.

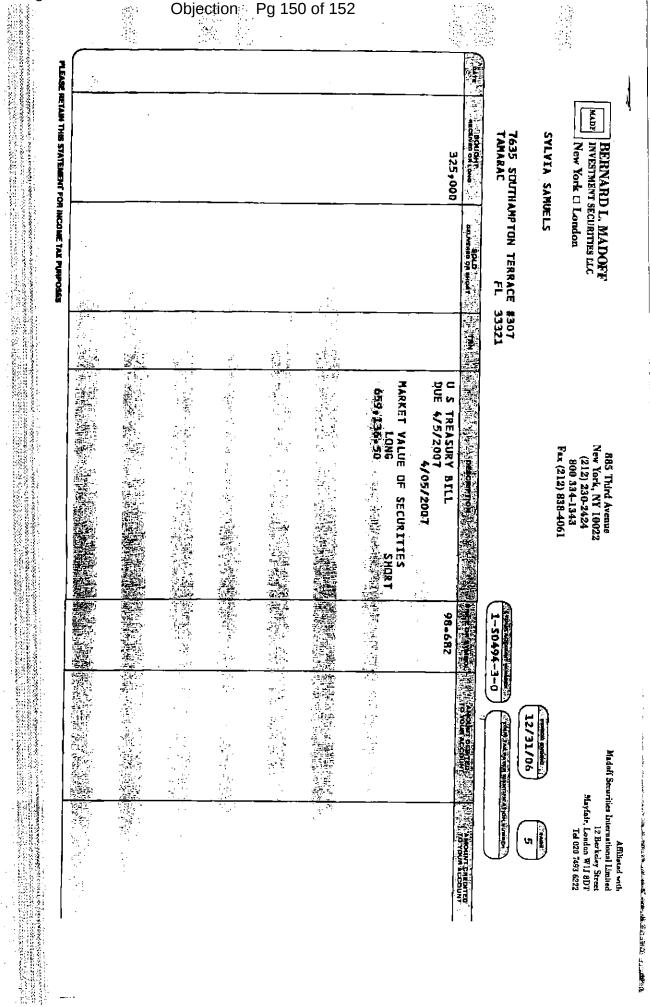
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